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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 14 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000103718 (7)

ANIMATION LIMITED, INC.

### STIS SW SETH PL COOPER CITY FL 3328  ### Principal Place of Business  ### 26  ### Principal Place of Business  ### 26  ### 270  ### 26  ### 26  ### 270  ### 270  ### 28				
COOPER CITY FL 33328  2. Principal Place of Business  2. Busine, Apri. 4, etc.  2. Suite, Apri. 4, etc.  2. City & State  2. City & State  2. City & State  2. City & State  2. Country  2. Principal Place of Business  2. Country  2. Principal Place of Business  3. Certificate of Status Desired   5. Certificate of Status Desired  6. Election Compaging Financing  5. St.00 Mays  6. The composition was an absolute the current value of Status Desired Office of Pacificate Status Desired  6. Election Compaging Financing  6. Description was an absolute of Status Desired  6. Election Compaging Financing  6. Description Description of Section 600 Status Desired  6. Description Description of Section 600 Status Desired  6. Description Description of Section 600 Status Desired  6. Description Description Description of Section 600 Statu	Principal Place of Business Mailing Address			
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2. Principal Place of Business   2. Mailing Address   4. FEI lyumber   Applied   Applied   Solite, Appl. 8, etc.   Solite, A				
2. Principal Place of Business 3. Mailing Address   4, FEI Jumber   Applied   Suite, Apt. 4, etc.   5   Suite, Apt. 4, etc.   6   Suite, Apt. 4, etc				12/08/1997
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Solito, Apt. #, etc.   S	ncipal Place of Business	<b>├</b> ─┐ ~		4. FEI Number Applied For
City & State  Country  Country  Country  Country  Country  City & Country  Country  Country  City & Country  Coun	lo Apt # ato	— — — — — — — — — — — — — — — — — — —		
City & State    Country   Zip   Country   Zip	te, Apt. #, etc.	<b>├</b> ─────		
28	/ & State			
Zip		28		, , , , , , , , , , , , , , , , , , ,
DECESPEDES, ALBERT 8715 SW 56TH PL COOPER CITY FL 33328  11. Pursuant to the provisions of Socious 607 0502 and 607 1508, Florida Statutes, the statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its regist agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  12. OFFI (CERS AND DIRECTORS 11 11) ITHE  14. OFFI (CERS AND DIRECTORS 11 12) AMME  DECESPEDES, ALBERT 12. AMME  DECESPEDES, ALBERT 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  NAME  DECESPEDES, ALBERT 13. SIRET ADDRESS  671Y-S1-2IP  TILE  14. CITY-S1-2IP  TILE  15. SIRET ADDRESS  CITY-S1-2IP  TILE  16. Change AMME  32. SIRET ADDRESS  CITY-S1-2IP  TILE  17. Change AMME  32. SIRET ADDRESS  CITY-S1-2IP  TILE  18. SIRET ADDRESS  CITY-S1-2IP  TILE  TI	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
DECESPEDES, ALBERT 8715 SW 56TH PL COOPER CITY FL 33328  84 City  PL 85 Ziprode  11. Pursuant to the provisions of Sections 607 050° and 607 150°. Florida Statutes, the above-namod corporation submite this statement for the purpose of changing its register office or registered agent, or both in the Stote of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent I am familiar with, and accept the obligations of, Sections 670 0505, Florida Statutes.  SIGNATURE Signatur, lyod or presed agent agen			30	
### Street Address (P.O. Box Number is Not Acceptable)  ### Street Address (P.O. Box Number is Not Acceptable)  ### City  ###		ent Registered Agent	81 Name	10. Name and Address of New Registered Agent
### COOPER CITY FL 33328  ### City ###				
B3			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registed agont, and accept the obligations of, Soction 607 0505, Florida Statutes.  SIGNATURE    Signature: typed or printed name of registered agont are the of florida.   (NOTE Registered Agont signature required when reinstating)   DATE	0001 E11 0111 12 00020		83	
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registed agont, and accept the obligations of, Soction 607 0505, Florida Statutes.  SIGNATURE    Signature: typed or printed name of registered agont are the of florida.   (NOTE Registered Agont signature required when reinstating)   DATE			PA City	[an] 7: 0. d.
Office of registerior agont, or both, in the State of Findia Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register agent. The material with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and the diagraculate.   (NOTE Registered Agent signature required when reinstating)   DATE				
Agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.    Signalute, typed or printed name of registered agent and the eff acquired kinn teinstating)	irsuant to the provisions of Sections 607.0 fice or registered agent, or both, in the St.	502 and 607.1508, Florida Statutite of Florida, Such change was	ites, the above-named corp	poration submits this statement for the purpose of changing its registered
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  DECESPEDES, ALBERT  STREET ADDRESS  CITY-ST-ZIP  COOPER CITY FL 33328  1.4 CITY-ST-ZIP  TITLE  NAME  22 NAME  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  31 TITLE  NAME  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  ACTIV-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  ACTIV-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TO ELETE  41 TITLE  NAME  4.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TO ELETE  4.1 TITLE  NAME  4.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TO ELETE  4.1 TITLE  NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP	TURE	according to a displant to the Chick	7( 0	
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CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  14. Thereby certify that the information supplied with this filtre does not applied for the examplion stated in Section 140 07(2Vi). Floride State on Literature and the information supplied that the information supplied the information		with this filing does not applied		Costion (40 07/2Vi) Etarida Ctatulas 15 de - addit de district
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual roport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a 2012 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a 2012 the trustee empowered to execute this report as required by Chapter 607, Florida Statutes.	<b>licated on this annual report or suppleme</b> i	hial annual réport is frue <b>and ac</b> c	curate and that my signatur	re shall have the same legal effect as if made under path: that I am an