FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90155 022 ***150.00

DOCUMENT #	P98000023045
. Corporation Name	. 0000000000

FRANKIE V. PRODUCTIONS, INC.

Principal Place of Business

Mailing Address



6308 NW 73 AV		6308 NW 73 AVE TAMARAC FL 33321			
TAMARAC FL 3	3321	TAMARAG FL 33321			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					03/11/1998
2. Principal P	cipal Place of Business 2a. Mailing Address			4. FEI Number Applied For	
26				65-0823257 Not Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc			_	5. Certificate of Status Desired \$8.75 Additional	
27 27				Fee Required	
City & State City & State				6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees
Zip	Country	├ ─ `	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ Yes
24	9. Name and Address of Current	29 30	' 		Personal Property Tax.
	9. Name and Address or Current	Registered Agent	81	Name _	
l HELI	LER CAPITAL, INC.			F	Frank Bidelman
	N UNIVERSITY DRIVE		82		Address (P.O. Box Number is Not Acceptable)
	NTATION FL 33322		83	_0-	-0 · · · · · · / 5 · · · ·
			84	City	a ma va C FL 85 Zip Code 3332/
11 Dureuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes.	the above	-named c	
office or r	egistered agent, or both, in the State o	Florida. Such change was auth	orized by t	he corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familier with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.		4/28/99
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent	signature fe	equired when reinstating)
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BIDELMAN, FRANK	·	1.2 NAME		
STREET ADDRESS	6308 NW 73 AVE		1.3 STREET	ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY-ST	ZIP	
TITLE	D	☐ DELETE	TE 2.1 TITLE		☐ Change ☐ Addition ☐
NAME	BIDELMAN, CAROL		2.2 NAME)	
STREET ADDRESS	222 SBK 72 SKE		2 3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321			-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME -	BRIGHAM, KRISTIE-LOU		3.2 NAME		and the second s
STREET ADDRESS	6308 NW 73 AVE		3.3 STREET	ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321		3.4. CITY-ST	-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	ĺ	
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST	- ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	1	
CITY-ST-ZIP		[7 pri ===	5.4 CITY-ST	-ZIP	Change CAJStine
TITLE		☐ DELETE	•	}	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	- 1	
CITY-ST-ZIP			6.4 CITY-ST	-ZIP	

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 report 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 an 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE