

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90016 048 \*\*\*150.00

DOCUMENT # **P98000031996**

1. Corporation Name

**CORAL LAKE PRODUCTIONS INC.**

Principal Place of Business  
**4320 NR 15TH AVE  
FT LAUDERDALE FL 33334**

Mailing Address  
**4320 NR 15TH AVE  
FT LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/07/1998**

4. FEI Number

**65-0835471**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

**DONNELLY, MARGERET  
4320 NR 15TH AVE  
FT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

I, Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

1. NAME	<b>D</b>	<input type="checkbox"/> DELETE
2. STREET ADDRESS	<b>DONNELLY, MARGERET</b>	
3. CITY-STATE-ZIP	<b>4320 NR 15TH AVE</b>	
4. CITY-STATE-ZIP	<b>FT LAUDERDALE FL 33334</b>	
5. NAME		<input type="checkbox"/> DELETE
6. STREET ADDRESS		
7. CITY-STATE-ZIP		
8. NAME		<input type="checkbox"/> DELETE
9. STREET ADDRESS		
10. CITY-STATE-ZIP		
11. NAME		<input type="checkbox"/> DELETE
12. STREET ADDRESS		
13. CITY-STATE-ZIP		
14. NAME		<input type="checkbox"/> DELETE
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7.2.99 (954) 561-3180**

Date

Daytime Phone #

CR2E034 (5/99)

0127253

**CORAL LAKE PRODUCTIONS**  
4320 NE 15<sup>TH</sup> AVENUE, FORT LAUDERDALE, FL 33334

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PHONE (954) 561-3180

FAX (954) 561-9937

583462-9016-48

998000031996

July 2, 1999

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**TO: FLORIDA DEPARTMENT OF STATE**

**DIVISION OF CORPORATIONS ANNUAL REPORT FILINGS**

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**SUBJECT: PROFIT CORPORATION ANNUAL REPORT**

**FROM: MARGARET DONNELLY**

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I just received my 1999 Profit Corporation Annual Report Packet. On the front of the packet, it states that it is a second notice. Typically, I am very prompt with payments. However, this is the first notice I have received. The large filing fee distressed me, so I called your office for assistance. A member of your staff recommended that I send a check for \$150.00, along with this report, and your office would review my situation. She also made it clear to me that in the future, I would be responsible by the May 1<sup>st</sup> deadline, whether I receive the first notice or not. I certainly will make a note of the deadline. It is just that this time I had no experience, since it is the first year of my corporation.

Thank you for your consideration.

Sincerely,



Margaret Donnelly