Applied For

\$8.75 Additional

Not Applicable

## 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

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90216 013 \*\*\*150.00

DOCUMENT:	#	P98000037780
1 Compretion Name		1 0000001100

CROWN & QUILL PRODUCTIONS, INC.

r micipal r lace of basiness								
1158 JUNIPER CREEK CT.								
ALTAMONTE SPRINGS FL 32714								

2. Principal Place of Business

Suite, Apt. #, etc.

Principal Place of Rusiness

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

1158 JUNIPER CREEK CT. ALTAMONTE SPRINGS FL 32714



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

59-350*7*248

04/24/1998 4. FEI Number

22				27								ree ne	quireu	
	City & State City & State					ė			6. Election Campaign	Financing		\$5.00	Мау Ве	
23				28					Trust Fund Contribution			Added to	Fees	
	Zip		Country		Zip	Countr	у		8. This corporation ov	ves the curre	ent year Inta			
24		25		29	3	0			Personal Property				□No	
Name and Address of Current Registered Agent							. 1		10. Name and Addres	s of New R	egistered A	Agent		
							1	Name						
WHITTAKER, DAVID W 1158 JUNIPER CREEK CT. ALTAMONTE SPRINGS FL 32714						82	82 Street Address (P.O. Box Number is Not Acceptable)							
						83	3							
							84 City FL 85 Zip Code							
11	office or re	enistered agent id	or both in the State of	Flori	607.1508, Florida Statutes da. Such change was aut f, Section 607.0505, Florid	horized by	v ti	named corpo ne corporation	oration submits this stater n's board of directors. I h	nent for the ereby accep	purpose of o	changing its itment as req	registered jistered	
	=	m lamiliar with, ai	io accept the obligation	# IS OI	r, Jection dur daus, Floric	a Statute	٠.							
SI	GNATURE	Signature, typed or prin	ted name of registered agent a	nd title	if applicable. (NOTE: R	egistered Age	ent :	signature required	when reinstating)		DATE			
12			OFFICERS AND	_		13.			ADDITIONS/CHANG	GES TO OFF	ICERS AN	D DIRECTO	RS IN 12	
пъ	.E	PVST			☐ DELETE	1.1 TITLE						Change	☐ Addition	
NAM	ME	WHITTAKER,	David W			1.2 NAME								
STF	REET ADDRESS	1158 JUNIPE	r Creek Ct.			1.3 STREE	ET A	ADDRESS						
CIT	Y-ST-ZIP	ALTAMONTE	SPRINGS FL 32714	}		1.4 CITY-	ST-	ZIP						
ТΙΠ	LE			2.1 TITLE	2.1 TITLE					Change	Addition			
NAI	ме	WHITTAKER,	David W			2 2 NAME								
STF	REET ADDRESS	1158 JUNIPEI				2 3 STREE	ET A	ADDRESS						
CIT	Y-ST-ZIP	ALTAMONTE	SPRINGS FL 32714	<b>.</b>		2. 4 CITY-	ST-	-ZIP				·· ·· · · · · · · · · · · · · · · · ·		
пп	LE				☐ DELETE	3.1 TITLE						Change	Addition	
NAM	ME	•				3.2 NAME	:							
STF	REET ADDRESS	i İ				3.3 STREE	ET#	ADDRESS						
CIT	Y-ST-ZIP					3.4. C/TY-	ST-	-ZIP						
TIT					☐ DELETE	4.1 TITLE						☐ Change	Addition	
NA	ME.					4. 2 NAME	Ε							
STF	REET ADDRESS					4.3 STREE	ET A	ADDRESS						
CIT	Y-ST-ZIP					4.4 CITY-	ST-	ZIP					_	
1111	LE .				☐ DELETE	5.1 TITLE						☐ Change	☐ Addition	
NA2	ME					5.2 NAME								
STE	REET ADDRESS					5.3 STREE	ET A	ADDRESS						
CIT	Y-ST-ZIP					5.4 CITY-		ZIP						
TIT	LE				☐ DELETE	6.1 TITLE						☐ Change	☐ Addition	
NAJ	ME					6.2 NAME	•							
STA	REET ADDRESS					6.3 STRE	ET A	ADDRESS						

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

6.4 CiTY-ST-ZiP

CITY-ST-ZIP