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**

DOCUMENT # P98000053926 1. Corporation Name

SHOWTIME	SALES	UNLIMITED,	INC.

FILED Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90010 009 ***550.00



7						İ
Princip ace	e of Business	Mailing Address				
2633 LAJTANA RD. #302 2633 LANTANA RD. #302 LANTANA FL 33462 LANTANA FL 33462						
					DO NOT WRITE IN THIS SPACE	_
					3. Date Incorporated or Qualified 06/16/1998	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	-
21		26			1050858309 Not Applicable	$, \uparrow$
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	10.7		\$8.75 Additional	7
22		27			5. Certificate of Status Desired Fee Required	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	
Zip	Country	28	Cou		Trust Fund Contribution	4
24 24	Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property. Yes No	ļ
24	24 25 29 30 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
	0	it itogiotorou Agoin		81 Name	IV. Hallio alla Avalcas et New Yogistelea Again	ᅦ
SMI	TH, DEREK J		Ì			4
2633 LANTANA RD, #302			82 Street Addr	Address (P.O. Box Number is Not Acceptable)		
LAN	ITANA FL 33462		İ	83		1
				84 City	- 85 Zip Code	-
					FL FL FL FL FL FL FL FL	
office or r	to the provisions of sections 607.050; registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida. Such change was a	uthorized	by the corporation	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE _					·	ļ
	Signature, typed or printed name of registered ager			ed Agent signature requ		_ ;
12.	···	D DIRECTORS	13.	 	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- :
TITLE	PVST	L DELETE	1.1 TH	1	Change Addition	[]
NAME	SMITH, DEREK J		1.2 NA	·		3
STREET ADDRESS	2633 LANTANA RD, #302		1	REET ADDRESS		
CITY-ST-ZIP TITLE	LANTANA FL 33462 D	<u> </u>	1.4 CIT	Y-ST-ZIP		- Շ
NAME		L DELETE	2.1 III	ŀ	Change Addition	
STREET ADDRESS	SMITH, DEREK J 2633 LANTANA RD, #302			NE REET ADDRESS		
(LANTANA FL 33462		•			-
CITY-ST-ZIP TITLE	LANTAINA FE SOMOZ	DELETE	3.1 TIT	Y-ST-ZIP	Change Addition	-
NAME		☐ DELETE	3.2 NA		Change Addition	
STREET ADDRESS			1	EET ADDRESS		ſ
CITY-ST-ZIP				Y-ST-ZIP	•	
TITLE		DELETE	4.1 TIT		Change Addition	44
NAME]			4.2 NAI	ME)	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		Í
TITLE		DELETE	5.1 TIT		Change Addition	
NAME {			5.2 NA	νE .		
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP			5.4 CfT	Y-ST-ZIP		
TITLE		DELETE	6.1 TITI		Change Addition	7
NAME			6.2 NAJ	иE	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
STREET ADDRESS			6.3 STR	EET ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-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 changed or on an attachment with an address.

SIGNATURE: