

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 90034 009 ***550.00

DOCUMENT # **P98000054262**

Corporation Name
SENDA STUDIOS, INC.

Principal Place of Business
**32 N. CONGRESS AVENUE
MYRTLE BEACH FL 33426**

Mailing Address
**3501 DEL PRADO BLVD. SUITE 204
CAPE CORAL FL 33904**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1998

Principal Place of Business

3282 N. CONGRESS AVE

Suite, Apt. #, etc.

City & State

30 MYRTLE BEACH, FL

Zip
33426

Country
U.S.

2a. Mailing Address

3501 DEL PRADO BLVD

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip
33904

Country
U.S.

4. FEI Number

650845353

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

9. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD. SUITE 101
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name

John GALLAGHER

82

Street Address (P.O. Box Number is Not Acceptable)
3501 DEL PRADO BLVD. #204

83

City
CAPE CORAL

84

State
FL

85

Zip Code
33904

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.

NATURE **John GALLAGHER**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/30/99
DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. ☐ DELETE
D LINKAITE, EVA
ST ADDRESS **3501 DEL PRADO BLVD. SUITE 204**
ST-ZIP **CAPE CORAL FL 33904**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2. ☐ DELETE
ST ADDRESS
ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3. ☐ DELETE
ST ADDRESS
ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4. ☐ DELETE
ST ADDRESS
ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5. ☐ DELETE
ST ADDRESS
ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6. ☐ DELETE
ST ADDRESS
ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SOLANGE TOQUEVA LINKAITE

6/30/99 (941) 540-3361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)