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

¹ PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000063291**1. Corporation Name

FERRAP PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90204 007 ***150.00



| 7893 NW 7TH COURT PLANTATION FL 33324 | | 7893 NW 7TH COURT PLANTATION FL 33324 | | DO NOT WRITE | IN THIS SPACE | | |
|--|--|--|-----------------------|--|--|-------------------|-------------------------------|
| | | | | | Date Incorporated or Qualified 07/17/1998 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address 26 | | | 4. FEI Number | <u>/</u> | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired Search Search Search Status Desired Search Sea | | I . | |
| City & State | | City & State | 28 | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| Zip Country 25 | | Zip 29 | 30 | | This corporation owes the current Personal Property Tax. | ☐ Yes | XNo |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Reg | istered Agent | |
| 010 | LIAMONE JOSE A | | 81 | Name | | | |
| 7893 | LIANONE, JOSE A NW 7TH COURT | | 82 | | dress (P.O. Box Number is Not Acceptable | e) | |
| PLAI | NTATION FL 33324 | | 83 | 3 | | | |
| | | | 84 | , | | FL | p Code |
| SIGNATURE | egistered agent, or both in the State in familiar with, and addept the obliga Signature, typed or printed frame of registered agency | VOILLAND ROUN | V I | | rporation submits this statement for the pution's board of directors. I hereby accept the triangle of triangle of the triangle of tria | 41 30 144 DATE | |
| 12. | OFFICERS AN | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | PD / | DELETE | 1.1 TITLE | | | Chang | e |
| NAME | CAGLIANONE, JOSE A | / | 1.2 NAME | | | | |
| STREET ADDRESS | 7893 NW 7TH COURT | | 1.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | PLANTATION FL 33324 | | 1.4 CITY-5 | ST-ZIP | | | |
| TITLE | VD DELETE 2.1 TI | | 2.1 TITLE | | | ☐ Chang | e 🔲 Addition |
| NAME | CAGLIANONE, RUTH | | 2.2 NAME | | | | |
| STREET ADDRESS 7893 NW 7TH COURT | | | 2.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | PLANTATION FL 33324 | | 2.4 CITY- | ST-ZIP | | | - Addition |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Chang | e 🔲 Addition |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | TADDRESS | | | |
| CITY-ST-ZIP | | □ oci ste | 3.4. CITY- | ST-ZIP | | Chang | e |
| TITLE | | ☐ DELETE | 4.1 TITLE | . | | _ Glany | - LJ Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | |
| CITY-ST-ZIP | | ☐ DELETE | 4.4 CITY-1 | ST-ZIP | | Chang | e Addition |
| TITLE | | | 5.1 IIILE 5.2 NAME | 1 | | | |
| NAME | | | | ET ADORESS , | | | |
| STREET ADDRESS | | | 5.4 CITY- | i | | | |
| CITY-ST-ZIP | | ☐ DELETÉ | 6.1 TITLE | 31-41 | | ☐ Chang | e |
| , TITLE | | ן הברנוב | 6.2 NAME | | | | |
| .NAME | | | | T ADDRESS | | | |
| "STREET ADDRESS | | | | | | | l |
| CITY OT JID | | | 6.4 CITY- | 51-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 emplemental 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 or an effective or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

(954)370-1835