## 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

DOCUMENT # P980000	O'	700	577	0 6
1. Corporation Name			_	

Chameleon Video & Film, Inc.

Principal Place of Business 4630 Dark word Charle Mailing Address

(Same)

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90072 030 \*\*\*150.00

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2. Malling Address   2a. Malling Address   2	1 Cl 11 - Cl 33 90 7		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
Sulle, Apt. #, etc.   28 Sulle, Apt. #, etc.   5. Certificate of Status Desired   \$8.75 Additional Fee Required   58.75 Additi	1. Ft. Myers, FL 33903							
Suite, Apt. #, etc.    Suite   Status	2. Principal Place of Business	<u> </u>	ng Address					<del></del>
City & State	Suite, Apt. #, etc.		, Apt. #, etc.			_	\$8.75	Additional
Zip   Country   Zip   Country   Zip   Country   Zip   Country   S. This corporation owes the current year Intargible   Personal Property Tax.   Wes   No	2		P-01-F		<del></del>			<del>_</del>
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Street Address (P.O. Box Number is Not Acceptable)  14. Pursuant to the provisions of Sections 807,0502 and 807,1508, 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. Thereby accept the appointment as registered agent are to registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered segent, at an institution of registered agent and the proposed agent and the Florida Statutes. (NOTE Registered Agent synthem required when ministaling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  12. NAME  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. The Secretary / Tracesure / Delette 11 time 22 name 22 name 23 name 12 na	City & State	— — · · ·	& State			, , , , , , , , , , , , , , , , , , , ,		•
9. Name and Address of Current Registered Agent  Tim Baker  4630 Rockwood Circle  27. Ft. Ayers, FL 33903  19. Name and Address of New Registered Agent  19. Name  19. Name and Address of New Registered Agent  19. Name  19. Name and Address of New Registered Agent  19. Name  19. Name and Address of New Registered Agent  19. Name  19. Name  19. Name  19. Name  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 607.0508.  11. Pursuant to the provisions of Sections 607.0508.  12. OFFICERS AND Section 607.0508, Florida Statutes.  13. Name and Address of New Registered Agent  14. Pursuant to the provisions of Sections 607.0508.  14. Pursuant to the provisions of Sections 607.0508, Florida Statutes.  15. Name and Address of New Registered Agent  16. Name and Address (P.O. Box Number is Not Acceptable)  16. Department of Pursuant Address of New Registered Agent  18. Department of Pursuant Address of New Registered Agent  19. Department of Pursuant Address of New Registered Agent  19. Department of Pursuant Address of New Registered Agent  19. Department of Pursuant Address of New Registered Agent  19. Department of Pursuant Address of New Registered Agent  19. Department of Pursuant Address of New Registered Agent  19. Department of Pursuant Address of New Registered Agent  19. Department of Pursuant Address of New Registered Agent  19. Department of Pursuant Address of New Registered Agent  19. Department of Pursuant Address of New Registered Agent  19. Department of Pursuant Address of New Registered Agent  19. Department of Pursuant Address of New Registered Agent  19. Dep	Zip Country	Zip		- ´		· ·		<b>-</b>
Street Address (P.O. Box Number is Not Acceptable)	- 1							No
## Street Address (P.O. Box Number is Not Acceptable)  ## Street Address (P.O. Box Number is Not Acceptable)  ## A City  ## City	9. Name and Address of	Current Registered	Agent	01	Nome	10. Name and Address of New Registered	Agent	
### Street Address (P.O. Box Number is Not Acceptable)  ### Street Address (P.O. Box N	-Tim Baker			81	IName			
### STATEST ADDRESS    STATEST ADDRESS   1.	4630 Rockwood C	incle			Street Add	fress (P.O. Box Number is Not Acceptable)		
11. 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 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				83				
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 an familiar with, and accept the obligations of, Section 607.6505, Florida Statuties.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILLE  MANE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILLE  MANE  12. OFFICERS AND DIRECTORS  13. THE CONTROL OFFICERS AND DIRECTORS IN 12  TILLE  MANE  13. STREET ADDRESS  14. CITY-ST-ZP  TILLE  12. TILLE  12. TILLE  12. TILLE  12. TILLE  12. TILLE  13. STREET ADDRESS  14. CITY-ST-ZP  TILLE  14. TILLE  15. TILLE  16. TILLE  16. TILLE  17. TABLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. Change   Addit CITY-ST-ZP  TILLE  10. DELETE  11. TILLE  12. TILLE  13. STREET ADDRESS  14. CITY-ST-ZP  14. CITY-ST-ZP  15. TILLE  16. TILLE  17. TILLE  17. TABLE  18. TILLE  19. Change   Addit Addit Addit ADDRESS  19. ST-ZP  TILLE  19. Change   Addit Addit ADDRESS  19. ST-ZP  TILLE  10. DELETE  11. TILLE  12. TILLE  12. TILLE  13. TILLE  14. TILLE  15. TILLE  15. TILLE  16. TILLE  17. TILLE  17. TABLE  18. TILLE  19. Change   Addit Addit Addit TILLE  19. Change   Addit TILLE  19. Ch	U. Ft. MYEB, FL	33703		84	City	Fi	85 Zip	Code
Signature, typed or printed name of registered agent and tille if applicables.  (NOTE: Registered Agent signature required when reintalizing)  DALE  OFFICERS AND DIRECTORS IN 12  TITLE  WAME  TO RESIDENT TREES AND DIRECTORS IN 12  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  MAME  TO RESIDENT TREES AND DIRECTORS IN 12  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  MAME  TO RESIDENT TREES AND TREES  TITLE  MAME  TO RESIDENT TREES AND TREES  TO RESIDENT TREES AND TRE	agent. I am familiar with, and accept th	e obligations of, Section و المحتودة	on 607.0505, Florida	a Statutes		47	114/99	7
THE IMME   DELETE   1.1 TITLE     Change   Addit     AME   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP       AME   TOWNESS   TOWNESS   1.4 CITY-ST-ZIP       AME   TOWNESS   TOWNESS   1.5 TITLE       AME   TREET ADDRESS   1.5	Signature, typed or printed name of regis				t signature require	** ···· · · · · · · · · · · · · · · · ·	ID DIBECT	OBS IN 12
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CITY-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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: D NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

4/14/99 (441)656-8238