


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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90039 031 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S04184

1. Corporation Name

UNITED FILM COMPANY OF ST. AUGUSTINE

Principal Place of Business

~~9809 DOCKSIDE DRIVE~~ 142 VENETIAN WAY  
~~KEY LARGO FL 33037~~ ISLAMORADA, FL  
US 33036

Mailing Address

~~9809 DOCKSIDE DRIVE~~  
~~KEY LARGO FL 33037~~ SAME  
US 142 VENETIAN WAY  
ISLAMORADA, FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1990

4. FEI Number

59-3035197

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 Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 142 VENETIAN WAY

Suite, Apt. #, etc.

22 City & State

23 ISLAMORADA, FL

Zip

24 33036

Country

25 MONROE

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BAVUSO, DAMIAN J  
24 CATHEDRAL PLACE  
STE 200  
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SETTOON, PATRICIA D.
STREET ADDRESS	<del>9809 DOCKSIDE DRIVE</del> 142 VENETIAN WAY
CITY-ST-ZIP	<del>KEY LARGO FL</del> ISLAMORADA, FL 33036
TITLE	VD <input type="checkbox"/> DELETE
NAME	SETTOON, RICHARD JR.
STREET ADDRESS	<del>9809 DOCKSIDE DRIVE</del> 142 VENETIAN WAY
CITY-ST-ZIP	<del>KEY LARGO FL</del> ISLAMORADA, FL 33036
TITLE	VD <input type="checkbox"/> DELETE
NAME	SETTOON, NATALIE A.
STREET ADDRESS	98382 WINDWARD AVE
CITY-ST-ZIP	KEY LARGO FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	SETTOON, RICHARD SR.
STREET ADDRESS	<del>9809 DOCKSIDE DRIVE</del> 142 VENETIAN WAY
CITY-ST-ZIP	<del>KEY LARGO FL</del> ISLAMORADA, FL 33036
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:

Richard C. Settoon Sr. Sec. + Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99  
Date

25-952-2655  
Daytime Phone #

CR2E034 (11/98)