

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (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 # **S23812**

1. Corporation Name

MORGAN ROSE & ASSOC., INC.

Principal Place of Business

Mailing Address

**1610 HURON TRAIL
MAITLAND FL 32751
US**

**1610 HURON TRAIL
MAITLAND FL 32751
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1991

4. FEI Number

59-3045381

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HINER, ROSS W
1610 HURON TRAIL
MAITLAND FL 32751**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
NAME
HINER, ROSS W
STREET ADDRESS
1610 HURON TRAIL
CITY-ST-ZIP
MAITLAND FL 32751**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

**400002948324-1
-08/03/99--01005--017
****150.00 ****150.00**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE:

Ross W. Hiner

7/2/99

407 629-0415

0012008

CR2E034 (5/99)

2

July 2, 1999

Florida Department of State
Annual Reports Filing
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

The following information pertains to Florida Corporation:

Morgan Rose & Assoc., Inc.
1610 Huron Trail
Maitland, FL 32751

FEI number 59-3045381

I recently received the "2nd notice" for filing fees. After doing some research, it appears I have made a mistake due to some extenuating circumstances. I contacted your department by phone and was advised to write a letter with a brief explanation as to my reason for being late, and to include my check for \$150.00.

I had intended to let my corporation dissolve last year (1998). Then my situation changed, and I decided to reinstate which I did 12/31/98. Enclosed with my taxes, returned to me by our accountant on June 29th, 1999, I found the first notice for the 1999 filing fees attached to my 1998 reinstatement papers.

Admittedly, this was our error, but due to the confusion and timing of the first notice, I would ask that you accept my check for \$150.00 and wave the late penalty payment.

I may be reached at (407) 629-0415 should you need to discuss this matter further.

Thank you in advance for your help.

Sincerely,



Ross Hiner

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AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1999 (L)

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUL 19 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000039852 ✓
1. Corporation Name
KINETOSCOPE HOLDINGS, INC.

Principal Place of Business
7421 114TH AVENUE NORTH
SUITE 201
LARGO FL 34643

Mailing Address
7421 114TH AVENUE NORTH
SUITE 201
LARGO FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

59-3455202

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

2. Principal Place of Business

21 4350 West Cypress St.

Suite, Apt. #, etc.

22 440

City & State

23 Tampa, FL

Zip

24 33607

Country

25 USA

2a. Mailing Address

26 4350 West Cypress St.

Suite, Apt. #, etc.

27 440

City & State

28 Tampa, FL

Zip

29 33607

Country

30 USA

9. Name and Address of Current Registered Agent

DIAMOND, PHILIP A
7421 114TH AVENUE NORTH
SUITE 201
LARGO FL 34643

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME
FELIX, MICHAEL
STREET ADDRESS
7421 114TH AVENUE NORTH
CITY-ST-ZIP
LARGO FL 34643

TITLE ☐ DELETE

NAME
GENTRY, JEFFERSON
STREET ADDRESS
7421 114TH AVENUE NORTH
CITY-ST-ZIP
LARGO FL 34643

TITLE ☐ DELETE

NAME
SCAFF, MARVIN
STREET ADDRESS
7421 114TH AVENUE NORTH
CITY-ST-ZIP
LARGO FL 34643

TITLE ☐ DELETE

NAME
MILLE, DAMEN
STREET ADDRESS
7421 114TH AVENUE NORTH
CITY-ST-ZIP
LARGO FL 33773

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200002948252-6
-08/03/99--01003--012
*****150.00 *****150.00

TS

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:

Michelle Malito

7/18/99

813-414-0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)



Kinetoscope, Inc.

Corporate Headquarters:
4350 West Cypress Street
Suite 440
Tampa, FL 33607
PH: (813) 414.0133
FX: (813) 414.0101

July 8, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 23214

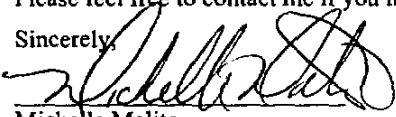
To Whom It May Concern,

It came to my attention last month that Kinetoscope Inc. and Kinetoscope Holdings did not receive the first notice of the 1999 Profit Corporation Annual Report. When I realized this I called 850-488-9000 and I spoke to an individual who said he was going to send us a packet for both entities immediately. Yesterday I received one packet in the mail for Kinetoscope Holdings.

I photocopied that packet and filled out the forms for both entities. I have also included a check for each company.

Please feel free to contact me if you have any questions. My phone number is 813-414-0033.

Sincerely,


Michelle Malito
Director of Operations
Kinetoscope, Inc.
Enclosures (2)