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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name

JTFC PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

# **FILED**

### Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90026 040 \*\*\*150.00



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CORAL GABLES	S FL 33134	CORAL GABLES FL 33134			DO MOTING	DITE IN THIS	CDACE.	
						RITE IN THIS	SPACE	
					3. Date Incorporated or Qualife	ed		
					04/21/1992			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			oplied For
21		26			65-0330379			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional
22		27			C. Octatodad of Charles Dooring		Fee Re	equired
City & State	te	City & State			6. Election Campaign Financin	g 🗇	\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	. Zîp	Country	•	8. This corporation owes the co	urrent year Inta	ngible	
24	25	29	30		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of Nev	v Registered A	gent	
			81	Name				
BERI	NSTEIN, BRUCE D		82	Ctanal Adda	ss (P.O. Box Number is Not Acce	ntable)	· · · · · · · · · · · · · · · · · · ·	
	MILAN AVE.		82	Street Addre	iss (P.O. Box Number is Not Acce	plable)		
	RAL GABLES FL 33134		83		The state of the s	A. 1. 1. 1. 1.	L., 1	3 88 8
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122: 22	(0.507.057	00 1 CO7 1500 Florido Statuto	the chave r	named corpo	ration submits this statement for t		hanging its	registered
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	oz and 607,1506, Florida Statutes of Florida. Such change was aut	thorized by th	ne corporation	n's board of directors. I hereby acc	cept the appoin	tment as re	egistered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes.					
SIGNATURE	·							
	Characteristic based on printed pages of registered one	ditt- if conficeble /NOTE: E				DATE		
	Signature, typed or printed name of registered age	····	Registered Agent s	agriature required		SELCEDS AND	DIRECTO	DRS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	SQUALUTE TOQUICO	ADDITIONS/CHANGES TO C	OFFICERS AN		
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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.

6.4 CITY+ST-ZIP