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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MEN # V52510 ODUCTIONS, INC.	6 (4)			i 2001 2001 2004 2004 2004 2004
Principal Plac	e of Business	Mailing Address		I LOGILE STROOT OFFICE STROKT WOLD STATE	i Arbis Blot Bibli 81811 61811 1891
201 PARK PLACE SUITE 101 ALTAMONTE SPRINGS FL 32701		201 PARK PLACE SUITE 101 ALTAMONTE SPRINGS FL 32701-3574 US		Date Incorporated or Qualified   3s. Date of Last Report	
US		US		3. Date Incorporated or Qualified 3 07/22/1992	05/01/1996
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-3137037	Not Applicable
Suite, Apt	# etc.	Suite, Apt. #, etc.	1000	5. Certificate of Status Desired	\$8.75 Additional
2		27]			Fee Required
City & Stat	0	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for intal	
4	25	29	30	Florida Statutes X Ye	es 🔲 No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Regist	ered Agent
11. Pursuant office or i agent. La SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Statim familiar with, and accept the obli	i02 and 607,1508, Florida Sta te of Florida. Such change wa gations of, Section 607,0505,	tutes, the above-named as authorized by the con Florida Statutes.	<b>rlando</b> d corporation submits this statement for the purp rporation's board of directors. I hereby accept the	FL 85 Zip Code 32803 ose of changing its registered e appointment as registered
	Signature, typed or printed name of registered a		OTE: Registered Agent signatur		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
II"LF	DPST	☐ DELETE	1.1 TITLE		Change Additio
NAME STREET ADDRESS	KIRCHMAN, DEANNA P. 201 PAK PLACE, SUITE 101		1.2 NAME 1.3 STREET ADDRESS	201 Park Place, Suite 10	1
011Y+\$1-7IP	ALTAMONTE SPRNGS FL		14 City-St-ZiP	Altamonte Springs, FL	<b>▲</b>
					99701
		DELETE	21 TIFLE	Attamonte springs, Fr	
IIFLE		DELETE		Attamonte springs, FD	
IIILE NAMI		☐ DELETE	2.1 TIFLE		
HILLE NAME STREET ADDRESS		_	2.1 TIFLE 2.2 NAME		Change Addition
HILE NAME STREET ADDRESS SHY ST-ZIP		☐ DELETE	2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
HILE Name Street adoress City (St-Zip) Tiles		_	21 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition
HILE NAME STREET ADORESS CITY ST-ZIP HILE NAME		_	2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS	•	Change Addition
HELE NAME STHEET ADDRESS STITE STEZIP HILE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		☐ DELETE	2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	•	Change Addition
HILLE NAME STREET ADDRESS CHY ST-ZIP HILLE NAME STREET ADDRESS CHY-ST-ZIP HILLE		_	2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	•	Change Addition
TIBLE NAME STREET ADDRESS GIT ST-ZIP TIBLE NAME STREET ADDRESS GITY-ST-ZIP TIBLE NAME		☐ DELETE	2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	· •	Change Addition
HILLE NAME STREET ADDRESS CHY STEAD HILLE NAME STREET ADDRESS GHY-STEAD HILLE NAME STREET ADDRESS STREET ADDRESS		☐ DELETE	2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	· •	Change Addition
THEF NAME STREET ADDRESS CHY ST-ZIP THEF NAME STREET ADDRESS CHY-ST-ZIP THEF STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP		☐ DELETE	2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	· •	Change Addition  Change Addition
TIBLE NAME STHEET ADDRESS GET, ST-ZIP TITLE NAME STREET ADDRESS GET/ST-ZIP TITLE		☐ DELETE	2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	· •	Change Addition

14. I do hereby certify that the information supplier information indicated on this annual report of a Fam an officer or director of the corporation or appears in Block 12 or Block 13 if changed, or with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the upperpental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the epeiver or trustee empowered to ≰xecute this report as required by Chapter 607, Florida Statutes; and that my name

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

DELETE

(407) 831-2187

Change

Addition

**FILED** 

May 02 1997 8:00am

Secretary of State

0061311