

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90018 030 ***150.00

DOCUMENT # V60902

1. Corporation Name

IN RE SPECERE PRODUCTIONS, INC.



Principal Place of Business

**2812 NASSAU ST
SARASOTA FL 34231
US**

Mailing Address

**2812 NASSAU ST
SARASOTA FL 34231
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1992

4. FEI Number

65-0354512

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

2a. Mailing Address

21 614 137th ST. N.E.

26 614 137th ST. N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 BRADENTON, FL

28 BRADENTON, FL

Zip Country

Zip Country

24 34202 25 US

29 34202 30 US

9. Name and Address of Current Registered Agent

**SOTOLONGO, JASON A.
2812 NASSAU ST
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name JASON A SOTOLONGO

**82 Street Address (P.O. Box Number is Not Acceptable)
614 137th ST. N.E.**

83

84 City BRADENTON FL 85 Zip Code 34202

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

JASON A. SOTOLONGO

4/20/99

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SOTOLONGO, JASON A
STREET ADDRESS 2812 NASSAU ST
CITY-STATE-ZIP SARASOTA FL 34231

☐ DELETE

TITLE ST
NAME SOTOLONGO, LISA
STREET ADDRESS 2812 NASSAU ST
CITY-STATE-ZIP SARASOTA FL 34231

☐ DELETE

TITLE V
NAME EDWARDS, BOB
STREET ADDRESS 6668 ST JAMES CROSSING
CITY-STATE-ZIP UNIVERSITY PARK FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME JASON A. SOTOLONGO
1.3 STREET ADDRESS 614 137th ST. N.E.
1.4 CITY-STATE-ZIP BRADENTON, FL 34202

☒ Change ☐ Addition

2.1 TITLE ST
2.2 NAME LISA SOTOLONGO
2.3 STREET ADDRESS 614 137th ST. N.E.
2.4 CITY-STATE-ZIP BRADENTON, FL 34202

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON A. SOTOLONGO

4/20/99

DATE

941-744-8449 x200

Daytime Phone #

CR2E034 (11/98)