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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 01 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # V61679 ORIZONS PRODUCTIONS, I	` '		
Principal Place of Business  7081 GRAND NATIONAL DRIVE  #108  ORLANDO FL 32819		Mailing Address 7081 GRAND NATIONAL DRIVE #108 ORLANDO FL 32819		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
2. Principal Pl	lace of Business	2a. Mailing Address		09/02/1992         Applied For           59-3142544         Not Applicable
Sulte, Apt. 22 City & State		Suite, Apt. #, etc. 27 City & State		5. Certificate of Status Desired Series Seri
Zip	Country	28 Z(p)	Country	B. Election Campaign Financing     Trust Fund Contribution     Added to Fees      This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curren	29 3 t Registered Agent		Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent
REDMOND, JOHN C. 5558 BROOKLINE DRIVE S-6203 ORLANDO FL 32819			83	mond. John C: Address (P.O. Box Number is Not Acceptable)  1 Grand National Drive #106  ando, FL.  FL   85   Zip Code   32819
12.\	Signature, typed or printed name of Mastered agost OF FICE RS ANI		Rugislared Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TOLE	PS Change Addition
NAME STREET ADDRESS	REDMOND, JOHN C 5558 BROOKLINE DRIVE		1.2 NAME 1.3 STREET ADDRESS	Redmond, John C. 7081 Grand National Drive #106
CITY-ST-ZIP	ORLANDO FL 32819		1.4 C/TY - ST - Z/P	Orlando, FL. 32819
TITLE NAME	8 REDMOND, JOHN C 8558 BROOKLINE DRIVE	DELETE	2.1 TITLE 2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32819		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Name			4 1 TITLE 4. 2 NAME	Change
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY+ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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 of supplimental 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 of the

6.4 CITY-ST-ZIP