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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V74125** (8)

1. Corporation Name
BEHIND THE SCENES, INC.

Principal Place of Business

**37823 HEATHER PLACE
DADE CITY FL 33525
US**

Mailing Address

**37823 HEATHER PLACE
DADE CITY FL 33525-5420
US**

3. Date Incorporated or Qualified
10/23/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 **4429 GALL BLVD**

2a. Mailing Address

26 **4429 GALL BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **ZEPHYRHILLS FL**

City & State

28 **ZEPHYRHILLS FL**

Zip

Country

24 **33541**

25 **US**

Zip

Country

29 **33541**

30 **US**

4. FEI Number
59-3145360

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**OWENS, JULIUS L.
37823 HEATHER PLACE
DADE CITY FL 33525**

10. Name and Address of New Registered Agent

81 Name

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

4429 GALL BLVD

83

84 City

ZEPHYRHILLS

FL

85 Zip Code

33541

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 **PTD**
OWENS, SHARON K.
STREET ADDRESS **37823 HEATHER PLACE**
CITY-ST-ZIP **DADE CITY FL**

TITLE ☐ DELETE

NAME **VSD**
OWENS, JULIUS L.
STREET ADDRESS **37823 HEATHER PL**
CITY-ST-ZIP **DADE CITY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4429 GALL BLVD
ZEPHYRHILLS FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4429 GALL BLVD
ZEPHYRHILLS FL

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

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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: **Sharon K. Owens**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-97

813-782-2129

Date

Daytime Phone #

CR2E034 (9/96)