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 STATE OF FLORIDA
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # *991500017699*

1. Corporation Name
Ormonde Presentations, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business
 21 **27412 Calle Arroyo**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **27412 Calle Arroyo**
 Suite, Apt. #, etc.

22 City & State **92675**
San Juan Capistrano, CA

27 City & State **92675**
San Juan Capistrano, CA

23 Zip **92675** Country **USA**

28 Zip **92675** Country **USA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
June 10, 1997

4. FEI Number **59-3462783**

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

9. Name and Address of Current Registered Agent

Howard S. Toland, Esq.
Haley, Sinagra & Perez, P.A.
100 South East Third Avenue, Ste. 1900
One Financial Place
Ft. Lauderdale, FL 33394

10. Name and Address of New Registered Agent

81 Name
NRAI Services, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
526 East Park Avenue

83

84 City
Tallahassee

85 Zip Code
FL 32301

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 *Charles Baclet* **Charles Baclet, Vice President** **4-13-99**

12. OFFICERS AND DIRECTORS

TITLE	President/Director <input checked="" type="checkbox"/> DELETE
NAME	Yosef Yosifove
STREET ADDRESS	5244 Carrier Drive, Suite 207
CITY-ST-ZIP	Orlando, FL 33394
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President/Secretary/CFO/ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Steve Ormonde
13 STREET ADDRESS	27412 Calle Arroyo
14 CITY-ST-ZIP	San Juan Capistrano, CA 92675
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 supplement 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.

SIGNATURE: *Steve Ormonde* **STEVE ORMONDE, PRESIDENT** **3/14/99** **949/248-7786 EX-11**