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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G36322** (7)
1. Corporation Name
NASH & ZULLO PRODUCTIONS, INC.

Principal Place of Business Mailing Address
% ALLAN ZULLO
17 BERWICK RD
PLM BCH GDNS FL 33418

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 P.O. Box 1228
22 City & State 27 City & State
23 Zip Country 28 Lake Worth FL
24 25 29 30 33466 USA

500001443405
-03/30/95--01003--014
******200.00 ****200.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/29/1983** 3a. Date of Last Report **02/14/1994**
4. FEI Number **59-2297841** 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 § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ZULLO, ALLAN
17 BERWICK RD
PLM BCH GDNS FL 33418

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and date of appointment Signature typed or printed name of registered agent and date of appointment

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTV	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULLO, ALLAN	2. NAME	
STREET ADDRESS	17 BERWICK RD	3. STREET ADDRESS	
CITY, ST, ZIP	PLM BCH GDNS FL	4. CITY, ST, ZIP	
TITLE	DSP	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, BRUCE	22. NAME	
STREET ADDRESS	217 EAGLETON LAKES BLVD.	23. STREET ADDRESS	
CITY, ST, ZIP	PALM BEACH GARDENS FL	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(4)(b), Florida Statutes. I further certify that the information included 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: *Allan Zullo* **Allan Zullo** Vice President 3-15-95 407-626-1783
DATE: *3-28-95* **3-28-95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR