

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sonora B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G36322 (7)**

1. Corporation Name  
**NASH & ZULLO PRODUCTIONS, INC.**



Principal Place of Business: **% ALLAN ZULLO, 17 BERWICK RD, PLM BCH GDNS FL 33418**  
Mailing Address: **P.O. BOX 6228, LAKE WORTH FL 33466, US**

3. Date Incorporated or Qualified: **04/29/1983**  
3a. Date of Last Report: **03/28/1995**  
4. FEI Number: **59-2297841**  
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

2. Principal Place of Business: **21 P. O. Box 6228**  
Suite, Apt. #, etc.:  
**22**  
City & State: **23 Lake Worth, FL**  
Zip: **24 33466** Country: **25 Palm Bch**  
26. Mailing Address: **26 P. O. Box 6228**  
Suite, Apt. #, etc.:  
**27**  
City & State: **28**  
Zip: **29** Country: **30**

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: Charles W. Musgrove**  
**82 Street Address (P.O. Box Number is Not Acceptable): 2328 South Congress Avenue; Suite 1-D**  
**83**  
**84 City: West Palm Beach, FL 85 Zip Code: 33406**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE: Charles W. Musgrove  
Signature (typed or printed name of registered agent or applicant)

DATE: \_\_\_\_\_  
Date Registered Agent's prior request expires (month/day/year)

12. OFFICERS AND DIRECTORS

TITLE	<b>DTV</b>	<input type="checkbox"/> DELETE
NAME	<b>ZULLO, ALLAN</b>	
STREET ADDRESS	<b>17 BERWICK RD</b>	
CITY - ST - ZIP	<b>PLM BCH GDNS FL</b>	
TITLE	<b>DSP</b>	<input type="checkbox"/> DELETE
NAME	<b>NASH, BRUCE</b>	
STREET ADDRESS	<b>217 EAGLETON LAKES BLVD.</b>	
CITY - ST - ZIP	<b>PALM BEACH GARDENS FL</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>9 Poplar Forest Road</b>
14 CITY - ST - ZIP	<b>Fairview, NC 28730</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>4083 Farmdale Avenue</b>
24 CITY - ST - ZIP	<b>Studio City, CA 91604</b>
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
42 NAME	
43 STREET ADDRESS	
44 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96  
51796

CR2E034 (12/95)