

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000016620 (4)**  
1. Corporation Name  
**SPELLMAN/CORBEN PRODUCTIONS, INC.**

Principal Place of Business      Mailing Address  
**1920 N.E. 211TH TERRACE  
N. MIAMI BEACH FL 33179**      **1920 N.E. 211TH TERRACE  
N. MIAMI BEACH FL 33179**

2. Principal Place of Business	2a. Mailing Address
21 1125 NE 125th Street Suite, Apt. #, etc. 22 Suite 206 City & State 23 N. Miami, FL Zip 24 33161	26 1125 NE 125th Street Suite, Apt. #, etc. 27 Suite 206 City & State 28 N. Miami, FL Zip 29 33161
25 USA	30 USA

9. Name and Address of Current Registered Agent  
**COHEN, LAWRENCE J  
1920 N.E. 211TH TERRACE  
N. MIAMI BEACH FL 33179**

**FILED**  
**95 JUL 14 AM 11:36**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/02/1994**

3a. Date of Last Report

4. FEI Number  
**65-0471651**

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPELLMAN, MONTE I	12 NAME	
STREET ADDRESS	1920 N.E. 211TH TERRACE	13 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL 33179	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, LAWRENCE J	22 NAME	
STREET ADDRESS	1920 N.E. 211TH TERRACE	23 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL 33179	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 110.07(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:  **LAWRENCE J. COHEN** 7/11/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR