

FILE NOW: FILING FEE AFTER MAY 1 IS \$ **5.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morone
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000083360 (5)**

1. Corporation Name
RENOD PRODUCTIONS, INC.



Principal Place of Business: **1701 COPPERFIELD CIRCLE TALLAHASSEE FL 32312**
Mailing Address: **1701 COPPERFIELD CIRCLE TALLAHASSEE FL 32312**

3. Date Incorporated or Qualified: **11/15/1994**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business: **21 3466 Scout Lake Ln**
2a. Mailing Address: **26 3466 Scout Lake Ln**

4. FEI Number: **59-3302150**
Applied For:
Not Applicable:

22. City & State: **27 Oviedo FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **28 Oviedo FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **32765** 25. Country: **25 Seminole** 29. Zip: **32765** 30. Country: **30 Seminole**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GREEN, CARLA A
227 S. CALHOUN STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both in the State of Florida, which 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 provisions of, Sections 607.05(2) and 607.1508, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/28/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DONER, COLONEL V	<i>[Signature]</i>
STREET ADDRESS	1701 COPPERFIELD CIRCLE	
CITY - ST - ZIP	TALLAHASSEE FL 32312	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	DONER, MIRIAM N	
STREET ADDRESS	1701 COPPERFIELD CIRCLE	
CITY - ST - ZIP	TALLAHASSEE FL 32312	
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

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DONER, Colonel V.	
1.3 STREET ADDRESS	3466 Scout Lake Lane	
1.4 CITY - ST - ZIP	Oviedo, FL. 32765	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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]* DATE: **2/28/96** 407 365 1300

CR2E034 (12/95)