

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000015723 (6)

1. Corporation Name

CHAOS PRODUCTIONS INCORPORATED



Principal Place of Business

1484 BRAMAN AVENUE
FORT MYERS FL 33901

Mailing Address

1484 BRAMAN AVENUE
FORT MYERS FL 33901

3. Date Incorporated or Qualified
02/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3487 BROADWAY
Suite, Apt. #, etc.

26 P.O. BOX 2887
Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0562509

Not Applicable

22 City & State

27 City & State

23 FORT MYERS FL
Zip Country

28 FORT MYERS FL
Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33901 25 USA

29 33902 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, L. STUART
1484 BRAMAN AVENUE
FORT MYERS FL 33901

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

[Signature]
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

L. STUART BROWN

1/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
BROWN, L. STUART
STREET ADDRESS
1484 BRAMAN AVENUE
CITY-ST-ZIP
FORT MYERS FL 33901

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
BROWN, ROBIN C JR.
STREET ADDRESS
1319 N. DUVAL STREET
CITY-ST-ZIP
TALLAHASSEE FL 32303

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
BROWN, ROBIN C JR.
2626 SHRIVER DRIVE
FORT MYERS FL 33901

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

72 NAME
73 STREET ADDRESS
74 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]* R. COTTEN BROWN JR 1/17/96 (941) 936-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)