

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000093450 (2)**

1. Corporation Name
PROPER PRODUCTIONS, INC.



Principal Place of Business: **P.O. BOX 403755 MIAMI BEACH FL 33140**
Mailing Address: **P.O. BOX 403755 MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified: **12/28/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3069373** 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 s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26 915 Middle River Drive**
Suite, Apt. #, etc.: **22 Suite 506**
City & State: **27 Fort Lauderdale, FL**
Zip: **24 33304** Country: **25 USA**

9. Name and Address of Current Registered Agent
**Schwartz, Gerald K
1428 Brickell Ave
Suite 208
Miami FL 33131**

10. Name and Address of New Registered Agent
81 Name: **George R. Moraitis, Esquire**
82 Street Address (P.O. Box Number is Not Acceptable): **915 Middle River Drive, Suite 506**
83
84 City: **Fort Lauderdale, FL** 85 Zip Code: **33304**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **6/24/96**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BERMAN, ISAAC | |
| STREET ADDRESS | P.O. BOX 403755 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------------|--|
| 1.1 TITLE | D/P/S/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | BERMAN, ISAAC | |
| 1.3 STREET ADDRESS | 2165 SW 47th Street | |
| 1.4 CITY-ST-ZIP | Fort Lauderdale, FL 33312 | |
| 2.1 TITLE | D/VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | BERMAN, TAMIR | |
| 2.3 STREET ADDRESS | 2165 SW 47th Street | |
| 2.4 CITY-ST-ZIP | Fort Lauderdale, FL 33312 | |
| 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 in 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, with an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6/24/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ISAAC BERMAN**
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CR2E034 (12/95)