FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 294109

(4)

KJS STUDIO, INC.

FILED									
Apr 21 1997 8:00am									
Secretary of State									



Principal Place of Business Mailing Address											
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6201 8 TAMIANI TRAIL 8201 S TAMIANI TRAIL							Į.				
SARASOTA SO SARASOTA FL			'A SOUARE MALI 'A FL 34238-2966								
ONRNOVIN IL	04200/2012	Ontroot	A E 04200 2000				3. Date Incorporated or Qualified 06/21/1965		e of Last 2/1996		
2. Principal P	lace of Business	2a. Mailir	ng Address				4. FEI Number			Applied For	-
21		26					59-1109617			Not Applicable	e
Sulte, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional				
22		27					Fee Required				
City & Stat	e	·	City & State				6. Election Campaign Financing \$5.00 May Be				
Zip	Country	28 Zip					Trust Fund Contribution Added to Fees				
24]	25	29					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
<u> </u>	9. Name and Address of Current						10. Name and Address of New Registered Agent				-
STE	NFORTH, CLAIRE				81	Name		<u> </u>	<u></u>		
	PINE VALLEY DR.			1	82	Stroot Ado	dress (P.O. Box Number is Not Acceptab	Jo)			\dashv
	ASOTA FL 34239				02	Street Auc	iress (F.O. Box Noriber is Not Acceptate	116)			
				Ì	83						7
•				}	84	City			85 Zi	p Code	
						,		FL			ال
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0503 egistered agont, or both, in the State im familiar with, and accept the obliga	2 and 607,150 of Florida. Su ations of, Sect	08, Florida Statut ch change was a ion 607.0505, Fl	les, the at authorized orida Stat	oove d by utos	o-named cor / the corpora s.	poration submits this statement for the pation's board of directors, I hereby accept	urpose of at the appo	changing intment a	g its registered as registered	1
SIGNATURE										TT-F 4 64 N	
10	Signature, typed or printed name of registered ager OFCIOERS, AND			E Registered	1 Age	nt signature requ	red when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE EBS AND	DIDECT	DDS INL12	\dashv_i
12.	PD	OFFICERS AND DIRECTORS			F	· T	ADDITIONS/CHANGES TO OFFIC		Change		_ }
NAME	STEINFORTH, CLAIRE				1.1 TITLE 1.2 NAME					,	,
STREET ADDRESS	8201 SOUTH TAMIAMI TRAIL			1.3 STREE		ADDRESS					8
CITY-ST-ZIP	SARASOTA FL			1.4 CI		i					Š
TITLE	SD		DELETE	2.1 717					Change	e Addition	ה ל
NAME	STEINFORTH, ROBERT E			2.2 NA	ME						
STREET ADDRESS	8201 SOUTH TAMIAMI TRAIL			2.3 \$1	RÉFI	ADDRESS					
CITY-ST-ZIP	SARASOTA FL			240	11Y-5	ST-ZIP	<u> </u>				
TITLE			DELETE	3 1 TIT	FLE				Change	e Addition	А
NAME				3.2 NA	ME						
STREET ADDRESS				3.3 \$1	REET	ADDRESS					1
CITY-ST-ZIP						S1-2(P					_
TITLE			DELETE	4.1 10					Change	e L_J Addition	n
NAME				4. 2 N		Ì					
STREET ADDRESS						ADDRESS					
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TITLE			DELETE	51111		Ì			Change	e 🔲 Addition	11
NAME				5.2 NA							
STREET ADDRESS						ADDRESS					- 1
CITY-ST-ZIP			DELFTE	5.4 CI 6.1 Til		1 - ZIP			Change	e Addition	_
TITLE			Prilit	6.2 NA		}		l	viiany	י בי אסטוונטוו	.
NAME STORET ANNOFESS						ADDRESS					
STREET ADDRESS				- 6		ADDRESS					
CITY-ST-ZIP				6,4 CI	11-5	1 · ZIP					- 1

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 12 in Changed, or on an attachment with an address.