

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT #
1. Corporation Name
POLO FILM, INC.

501561

(5)



Principal Place of Business
**6300 CLINT MOORE ROAD
BOCA RATON FL 33496**

Multiple Offices
**6300 CLINT MOORE ROAD
BOCA RATON FL 33496**

2. Principal Place of Business

21 State: **FL**
22 City & State:

23 City & State:

24 Zip: Country:

2a. Mailing Address

26 State: **FL**
27 City & State:

28 City & State:

29 Zip: Country:

g. Name and Address of Current Registered Agent

**DE MENDOZA, MARIO G III, ESQ
251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480**

3. Date of Incorporation or Qualification
04/22/1976

3a. Date of Last Report
03/28/1995

4. FEIN Number
73-1011331

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

10. Name and Address of New Registered Agent

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 605.01 and 607.15(2), Florida Statutes, the above named corporation hereby 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 605.01(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: **PSD**
NAME: **OXLEY, THOMAS E.** ☐ DELETE
STREET ADDRESS: **11798 GREYSTONE DRIVE**
CITY, STATE, ZIP: **BOCA RATON FL**

TITLE: **VTD**
NAME: **RAINS, THOMAS E.** ☐ DELETE
STREET ADDRESS: **1300 WILLIAMS CNTR. TOWER**
CITY, STATE, ZIP: **TULSA OK**

TITLE: **AS**
NAME: **KING, JEAN** ☐ DELETE
STREET ADDRESS: **1305 WILLIAMS CNTR. TOWER**
CITY, STATE, ZIP: **TULSA OK**

TITLE: **AT**
NAME: **WHITE, COLLEEN** ☐ DELETE
STREET ADDRESS: **1305 WILLIAMS CNTR. TOWER**
CITY, STATE, ZIP: **TULSA OK**

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY, STATE, ZIP: ☐ DELETE

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY, STATE, ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied in this report is true and correct, and that I am an officer or director of the corporation, or the registered agent or authorized agent of the corporation, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or the registered agent or authorized agent of the corporation, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or the registered agent or authorized agent of the corporation, and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jean King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jean King, Assistant Secretary

3/28/96 (918) 584-1978

CR2E034 (12/95)