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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 540701 (0)

1. Corporation Name
EVAN'S STUDIO FOUR, INC.

Principal Place of Business
18033 N. E. 8TH AVENUE
NORTH MIAMI BEACH FL 33162

Mailing Address
18050 NE 8TH CT
N MIAMI FL 33162-4402
US



3. Date Incorporated or Qualified 06/22/1977
3a. Date of Last Report 02/09/1996

2. Principal Place of Business
21 16050 N.E. 8th COURT
Suite, Apt. #, etc.
22
City & State
23 NORTH MIAMI BEACH, FL
Zip
24 33162
Country
25 Dade
2a. Mailing Address
26 16050 N.E. 8th COURT
Suite, Apt. #, etc.
27
City & State
28 NORTH MIAMI BEACH, FL
Zip
29 33162
Country
30 Dade

4. FEI Number 59-1751135
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

9. Name and Address of Current Registered Agent
KAHN, EVAN
18050 NE 8TH CT
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 of person authorized to register agent (not required when re-instating)
DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
KAHN, EVAN
18050 NE 8TH CT
N. MIAMI BEACH FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

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 13 if changed, or on attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0221476

CR2E034 (9/96)