

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 576189 (5)
1. Corporation Name
FAVORITE STUDIOS, INC.



Principal Place of Business Mailing Address
1830 KINGS AVE 1830 KINGS AVE
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1978		3a. Date of Last Report 02/17/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1873843		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

FAVORITE, GERALD B.
1830 KINGS AVENUE
JACKSONVILLE FL 32207

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 registered agent or the person authorized to sign this statement

Signature of registered agent or the person authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	FAVORITE, GERALD B		1.2 NAME		
STREET ADDRESS	1830 KINGS AVE		1.3 STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-STATE-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	FAVORITE, BETSY R		2.2 NAME		
STREET ADDRESS	1830 KINGS AVE		2.3 STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE, FL 00000		2.4 CITY-STATE-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	HEAPE, STEVEN C		3.2 NAME		
STREET ADDRESS	1830 KINGS AVE		3.3 STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE, FL 00000		3.4 CITY-STATE-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-STATE-ZIP			4.4 CITY-STATE-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-STATE-ZIP			6.4 CITY-STATE-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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 14 96 904-399-5799

CR2E034 (12/95)