FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F86679** **(0)**

1. Corporation Name
KANNON PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
950 NW 11 AVE. FT LAUDERDALE FL 33311	950 NW 11 AVE. FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/24/1982**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2220444** ☐ 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

KANNON, LAWRENCE E.
537 NE 8TH AVE
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: Wolfgang Reinert
82 Street Address (P.O. Box Number is Not Acceptable): 950 N.W. 11th Avenue
83:
84 City: Fort Lauderdale **FL** 85 Zip Code: 33311

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: x Wolfgang Reinert — Wolfgang Reinert, President — 4/27/95
Signature, Typed or Printed Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	KANNON, LAWRENCE E.	1.2 NAME	Kannon, Lawrence (Deceased)
STREET ADDRESS	537 NE 8TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	KANNON, MARIE	2.2 NAME	Kannon, Marie
STREET ADDRESS	46 CREST AVE	2.3 STREET ADDRESS	46 Crest Avenue
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Fort Lauderdale, FL
TITLE		3.1 TITLE	P/D ☐ Change ☒ Addition
NAME		3.2 NAME	Reinert, Wolfgang
STREET ADDRESS		3.3 STREET ADDRESS	950 N.W. 11th Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33311
TITLE		4.1 TITLE	T ☐ Change ☒ Addition
NAME		4.2 NAME	Janie Flournoy
STREET ADDRESS		4.3 STREET ADDRESS	950 N.W. 11th AVenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33311
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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 an attachment with an address.

SIGNATURE: x Wolfgang Reinert — Wolfgang Reinert — 4/27/95 — 305-764-3866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0219041 CP