FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G04019** **(7)**

1. Corporation Name

BISCHOFF STUDIOS, INC.

Principal Place of Business	Mailing Address
RT 2 BOX 230 ~~P.O. BOX 1026~~ QUINCY FL 32351 US	RT 2 BOX 230 ~~P.O. BOX 1026~~ QUINCY FL 32351 US

3. Date Incorporated or Qualified: **10/11/1982**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business
21 Rt 2 Box 230
22 Suite, Apt. #, etc.
23 City & State: Quincy FL
24 Zip: 32351
25 Country: US

2a. Mailing Address
26 Rt 2 Box 230
27 Suite, Apt. #, etc.
28 City & State: Quincy FL
29 Zip: 32351
30 Country: US

4. FEI Number: **59-2221979** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Electron 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

BISCHOFF, ROBERT H
11801 NE 6TH AVENUE
MIAMI FL

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 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 _____ (Must Be Signature of Registered Agent) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BISCHOFF, ROBERT K		1.2 NAME	
STREET ADDRESS	RT. 2, BOX 230		1.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 00000		1.4 CITY-ST-ZIP	
TITLE	PST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BISCHOFF, JO ANN		2.2 NAME	
STREET ADDRESS	RT. 2, BOX 230		2.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL		2.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BISCHOFF, JOANNE		3.2 NAME	
STREET ADDRESS	404 N MADISON ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 00000		3.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WITZLEBEN, PAMELA		4.2 NAME	
STREET ADDRESS	4138 CHELMSFORD RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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: Jo Ann Bischoff JoAnn Bischoff 2/1/96 875-3184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)