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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name G51824

(2)

LORI LEE PRODUCTIONS, INC.											
Principal Place of	of Business	Mailing Address					GIOL GIOLI DIDLE BI		 		
% LORI LEE LANDI % LORI LEE LANDI 515 GRAND CANAL DRIVE 515 GRAND CANAL MIAMI FL 33144 MIAMI FL 33144						3. Date incorporated or Qualified	3a. Date of	Last Re	port		
						07/28/1983	03/1	7/199	5		
2. Principal Plac	ice of Business	2a. Mailing Address				4. FEI Number			pplied For		
21		26							lot Applicable		
Suite, Apt. #		Suite, Apt #, etc.	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		Orty & State				Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees				
23 j Zip	Country		Zip Coun			This corporation has liability for intangible tax under s 199.03					
24	25	29	30	•			□No		,		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	Registered Age	ent			
				81	Name						
	.ori lee (Barimo)			82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)				
	NND CANAL DRIVE										
MIAMI FL	L 33144			83				1			
				84	City		FL ^l	85 Zip	Code		
or registere familiar with	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section	 Such change was authorize 	ed by the	ove r corp	named corpora oration's boar	ation submits this statement for the pui d of directors. I hereby accept the app	rpose of changi ointment as reg	ng its re istered	egistered office agent. I am		
SIGNATURE _	Signature, typed or printed name of registered agent a	and the Languable (NO	TS: Hagistere	1 Au-1	nt signature require:	1 wher. rans'alogi	DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF					
THILE	PD	☐ DELETE		TITLE				hange	☐ Addition		
NAME	BARIMO, WILLIAM L		1.2 NAM								
STREET ADDRESS	515 GRAND CANAL DR. Miami Fl				ADDRESS						
CITY-ST-ZIP TITLE	VSD	DELETE		OTY - S TITLE	SI - ZIF			hange	Addition		
NAME	LANDI, LORI LEE (BARI			NAME				- 9-			
STREET ADDRESS	515 GRAND CANAL DR.		233	STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL		: 241	CITY - S	87 - ZiP						
TITLE	AS	☐ DELETE	3 :	TITLE				Change	Addition		
NAME	BARIMO, WILLIAM L		321	NAME							
STREET ADDRESS	515 GRAND CANAL DR.		1		FADDRESS						
CITY - ST - ZIP	MIAMI FL	D DELETE		CHY-S	S1 - 71P			hanna	Addition		
TITLE		☐ DELETE		TITLE			LJ,	Change	☐ Addit-on		
NAME CINEEN ADDOCCO				NAME export	ADDRESS						
STREET ADDRESS CITY-ST-ZIP				OITY - S							
TITLE		DELETE		TITLE	31-20			Change	Addition		
NAME				NAME			_	-	-		
STREET ADDRESS					F ADDRESS						
CITY-ST-ZIP					ST - ZIP						
TITLE		DELETE	6.1	HILE				Change	Addition		
NAME			6.2	NAME							
STREET ADDRESS			63	STREET	T ADDRESS						
CITY - ST- ZIP		De al Control de la Control de			S1 - Z/P	or the exemption stated in Section 119	107/0v/l/2 51-111	C1-1	oo 1 6 (d)= -		

14. I do hereby certify that the information supplied with this fring 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 if changed, or on an attachment with an address.
SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Direct Depth 19.07(3)(k). Florida Statutes I further continues and accurate and that my signature shall have the same legal effect as if made under cather continues and accurate and that my signature shall have the same legal effect as if made under cather cather and signature shall have the same legal effect as if made under cather cath