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Mar 20 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 # J41389 (4)
1. Corporation Name:
EXHIBIT TECHNOLOGY BY VATHAUER STUDIO, INC.



Principal Place of Business

% KENNETH J. VATHAUER
2145 SW SECOND AVE
FT LAUDERDALE FL 33315

Mailing Address

% KENNETH J. VATHAUER
2145 SW SECOND AVE
FT LAUDERDALE FL 33315-2522

3. Date Incorporated or Qualified 10/28/1986
3a. Date of Last Report 03/29/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2740190

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

VATHAUER, KENNETH J.
2145 SW SECOND AVE
FT LAUDERDALE FL 33315

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

Signature of agent or both names of registered agent and corporation, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1	NAME	13.1	TITLE
NAME	VATHAUER, KENNETH J.	13.2	NAME
STREET ADDRESS	2145 SW SECOND AVE	13.3	STREET ADDRESS
CITY, ST, ZIP	FT LAUDERDALE FL	13.4	CITY, ST, ZIP
12.2	TITLE	13.5	TITLE
TITLE	VST	13.6	NAME
NAME	VATHAUER, ROBERT	13.7	STREET ADDRESS
STREET ADDRESS	1432 NW 8TH STREET	13.8	CITY, ST, ZIP
CITY, ST, ZIP	DANIA FL	13.9	TITLE
12.3	TITLE	13.10	NAME
TITLE	D	13.11	STREET ADDRESS
NAME	VATHAUER, ROBERT	13.12	CITY, ST, ZIP
STREET ADDRESS	1432 NW 8TH STREET	13.13	TITLE
CITY, ST, ZIP	DANIA FL	13.14	NAME
12.4	TITLE	13.15	STREET ADDRESS
TITLE		13.16	CITY, ST, ZIP
NAME		13.17	TITLE
STREET ADDRESS		13.18	NAME
CITY, ST, ZIP		13.19	STREET ADDRESS
12.5	TITLE	13.20	CITY, ST, ZIP
TITLE		13.21	TITLE
NAME		13.22	NAME
STREET ADDRESS		13.23	STREET ADDRESS
CITY, ST, ZIP		13.24	CITY, ST, ZIP
12.6	TITLE	13.25	TITLE
TITLE		13.26	NAME
NAME		13.27	STREET ADDRESS
STREET ADDRESS		13.28	CITY, ST, ZIP
CITY, ST, ZIP		13.29	TITLE
12.7	TITLE	13.30	NAME
TITLE		13.31	STREET ADDRESS
NAME		13.32	CITY, ST, ZIP
STREET ADDRESS		13.33	TITLE
CITY, ST, ZIP		13.34	NAME
12.8	TITLE	13.35	STREET ADDRESS
TITLE		13.36	CITY, ST, ZIP
NAME		13.37	TITLE
STREET ADDRESS		13.38	NAME
CITY, ST, ZIP		13.39	STREET ADDRESS
12.9	TITLE	13.40	CITY, ST, ZIP
TITLE		13.41	TITLE
NAME		13.42	NAME
STREET ADDRESS		13.43	STREET ADDRESS
CITY, ST, ZIP		13.44	CITY, ST, ZIP
12.10	TITLE	13.45	TITLE
TITLE		13.46	NAME
NAME		13.47	STREET ADDRESS
STREET ADDRESS		13.48	CITY, ST, ZIP
CITY, ST, ZIP		13.49	TITLE
12.11	TITLE	13.50	NAME
TITLE		13.51	STREET ADDRESS
NAME		13.52	CITY, ST, ZIP
STREET ADDRESS		13.53	TITLE
CITY, ST, ZIP		13.54	NAME
12.12	TITLE	13.55	STREET ADDRESS
TITLE		13.56	CITY, ST, ZIP
NAME		13.57	TITLE
STREET ADDRESS		13.58	NAME
CITY, ST, ZIP		13.59	STREET ADDRESS
12.13	TITLE	13.60	CITY, ST, ZIP
TITLE		13.61	TITLE
NAME		13.62	NAME
STREET ADDRESS		13.63	STREET ADDRESS
CITY, ST, ZIP		13.64	CITY, ST, ZIP

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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 954 467-7300

Date

Daytime Phone #

0274359

CR2E034 (9/96)