

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 # J48226 (1)

1. Corporation Name

F/X PRODUCTION SERVICES, INC.



Principal Place of Business

7535 CURRENCY DR
ORLANDO FL 32809

Mailing Address

7535 CURRENCY DR
ORLANDO FL 32809

3. Date Incorporated or Qualified
12/17/1986

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

21 7530 CURRENCY DR

2a. Mailing Address

26 7530 CURRENCY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO FL

City & State

28 ORLANDO FL

Zip

24 32809

Country

25 USA

Zip

29 32809

Country

30 USA

9. Name and Address of Current Registered Agent

TRICKEL, WILLIAM, JR.
39 W PINE ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name HUMPHRIES, J. Gregory
82 Street Address (P.O. Box Number is Not Acceptable)
201 EAST PINE STREET
83 SUITE 701
84 City ORLANDO FL 85 Zip Code 32801

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, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MCLAUGHLIN, MACK H.	
STREET ADDRESS	7530 CURRENCY DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	000001835480
4.4 CITY-ST-ZIP	-05/22/96--01110--035
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	***200.00
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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

MACK MCLAUGHLIN 4-17-96 (407) 856-1080

Date

Daytime Phone #

CR2E034 (12/95)