

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra J. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:44

DOCUMENT # J62065 (4)

1. Corporation Name

PARTIES BY NEIL \* ENTERTAINMENT ETC., INC.

Principal Place of Business

Mailing Address

3883 PEMBROKE RD  
HOLLYWOOD FL 33021  
US

3883 PEMBROKE RD  
HOLLYWOOD FL 33021  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
03/17/1987

3a. Date of Last Report  
05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 331807

26 P.O. Box 331807

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Miami, Fla.

28 Miami, Fla.

Zip

Country

Zip

Country

24 33133

25 USA

29 33133

30 USA

9. Name and Address of Current Registered Agent

4. FEI Number

65-0006429

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. 189.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name Shirley Ruskin-Crane

82 Street Address (P.O. Box Number is Not Acceptable)

83 2000 S. Bayshore Dr # 73

84 City

Miami

FL

85 Zip 33133

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

Shirley Ruskin-Crane, Sec. Treasurer

4/26/95

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

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

|                 |                                |
|-----------------|--------------------------------|
| TITLE           | D                              |
| NAME            | CRANE, SHIRLEY RUSKIN          |
| STREET ADDRESS  | 3883 PEMBROKE ROAD             |
| CITY - ST - ZIP | HOLLYWOOD FL Miami, Fla. 33133 |
| TITLE           | D                              |
| NAME            | GOLDBERG, NEIL                 |
| STREET ADDRESS  | 3883 PEMBROKE ROAD             |
| CITY - ST - ZIP | HOLLYWOOD FL Miami, Fla. 33134 |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  |                                                                              |
| 1.4 CITY - ST - ZIP |                                                                              |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  |                                                                              |
| 2.4 CITY - ST - ZIP |                                                                              |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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

Shirley Crane

4/26/95

Signature Printed #