

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K82262

(2)

1. Corporation Name

FREEZE FRAME, INC.

FILED

95 JAN 25 PM 2:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**6000 LAKE ELLENOR, #101
ORLANDO FL 32809**

Mailing Address

**6000 LAKE ELLENOR, #101
ORLANDO FL 32809**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/21/1989

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2935746

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

10. Name and Address of New Registered Agent

**DAVID, CLIFFORD R.
6000 LAKE ELLENOR
STE. 101
ORLANDO FL 32809**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DAVID, CLIFFORD R.
6000 LAKE ELLENOR #101
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DAVID, CLIFFORD R.**
1.3 STREET ADDRESS **6000 LK. ELLENOR DR. STE #101**
1.4 CITY-ST-ZIP **ORLANDO, FL 32809**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **SWIFT, DEBRA J.**
2.3 STREET ADDRESS **6000 LK. ELLENOR DR. STE #101**
2.4 CITY-ST-ZIP **ORLANDO, FL 32809**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **CORPORATE SECRETARY**
3.3 STREET ADDRESS **LONG, JACQUELINE T.**
3.4 CITY-ST-ZIP **6000 LK. ELLENOR DR. STE #101**
ORLANDO, FL 32809

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **TREASURER**
4.3 STREET ADDRESS **HARARY, LEE**
4.4 CITY-ST-ZIP **1601 E. AMELIA STREET**
ORLANDO, FL 32809

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
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 110.07(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 on 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: JACQUELINE T. LONG/CORPORATE SECRETARY 01/20/95 407/855-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline T. Long

Date

Signature (Print Name)