

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 # **K99780** (4)

1. Corporation Name

PALM TREE PRODUCTIONS, INC.



Principal Place of Business

% NICHOLAS JACOBELLIS
7104 NW 39TH CT
CORAL SPRINGS FL 33065

Mailing Address

% NICHOLAS JACOBELLIS
7104 NW 39TH CT
CORAL SPRINGS FL 33065

2. Principal Place of Business

21 **830 NE 18 ST.**

2a. Mailing Address

26 **830 NE 18 ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **FT. LAUDERDALE, FL**

City & State

27 **FT. LAUDERDALE**

Zip

Country

24 **33305**

25 **USA**

Zip

Country

29 **33305**

30 **USA**

9. Name and Address of Current Registered Agent

JACOBELLIS, NICHOLAS
7104 NW 39TH CT
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified

07/05/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0158712

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

10. Name and Address of New Registered Agent

81 Name

MICHAEL BLOCK

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

830 NE 18 ST.

83

84 City

FT. LAUDERDALE FL

85 Zip Code

33305

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

Michael Block

MICHAEL BLOCK, V.P.

4/20/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JACOBELLIS, NICHOLAS
7104 NW 39TH CT
CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
JACOBELLIS, PAULA A
7104 NW 39TH CT
CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**✓
MICHAEL BLOCK
830 NE 18 ST
FT. LAUDERDALE, FL 33305**

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

**5226 N. Via La Heronia
TULSON, AZ 85750**

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**5226 N. Via La Heronia
TULSON, AZ 85750**

3.1 TITLE

☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**MICHAEL BLOCK
830 NE 18 ST
FT. LAUDERDALE, FL 33305**

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

Paula A. Jacobellis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULA A. JACOBELLIS

4/29/96

(529) 299-2167

DATE AND PHONE #

CR2E034 (12/95)