## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L57912

(2)

JACK STEINBERG PRODUCTIONS, INC.

**FILED** 

May 15 1997 8:00am

Secretary of State

Principal Place 7200 \$ PRESTV MIAMI LAKES F	MCK PLACE	Mailing Address 7200 S PRESTWICK PLACE MIAMI LAKES FL 33014-6522								
							<ol> <li>Date Incorporated or Qualified 03/16/1990</li> </ol>		Pate of Last P <b>/23/1996</b>	leport
2. Principal Fi	lace of Business	2a. Mailing Address 26			,	4. FEI Number Applied For 65-0186150 Not Applied be				
Suite, Apt	#, etc	Suite, Apt. #, etc.	}}				5. Certificate of Status Desired			
City & State 23	n	City & State			(	<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>			May Be to Fees	
Z(p	Country 25	Zip 29	<del></del>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24	9. Name and Address of Currer		7			1	O. Name and Address of New I			
STEINBERG, JACK					Name			· · · · · · · · · · · · · · · · · · ·		
7200 S PRESTWICK PLACE				82	Street.	Address	(P.O. Box Number is Not Accept	able)		
MIAI	VII LAKES FL 33014		}	83						
			}	64	City				85 Zip	Code
	to the provisions of Sections 607 050							FL	-	
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig signatur, typed or put led name of registered ag		_				hen reinstating)  ADDITIONS/CHANGES TO OF	DATE		
12.	OPPICENS AN	DELETE	1.1 01	1 F		η	ADDITIONS/CHANGES TO OF	TICENS AN	Change	Addition
NAME	STEINBERG, JACK		1.2 NA							<del></del> · ·
STHEFF ADDRESS	7200 S PRESTWICK PLACE				ADDRESS					
CHY-ST-ZiP	MIAMI LAKES FL		1.4 CIT	1.4 CITY - ST - ZIP						
THLE	ST DELETE			2.1 TITLE					Change	Addition
NAME	STEINBERG, JACK 7200 S PRESTWICK PLACE		2 2 NA							
SURFET ADDRESS:	MIAMI LAKES FL			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP						
CHY+ST+ZIP TITLE	MICHIEL IS	DELETE	3.1 10		51 - Z#P	<del> </del>			Change	Addition
NAVE			3.2 NA						_ •	
STREET ADDRESS			3.3 ST	REET	ADDRESS					
CHTY - ST - ZIP			3.4. CI	TY-5	ST-ZIP					
TIFLE	1 	☐ DELETE	4.1 TITLE						Change	Addition
NAME			4. 2 N							
STREET ACKINESS					ADDRESS					
CHY St 7 ?		DELETE	44 CI		1 - ZIP	<del> </del>			Change	Addition
NAM!		hand breeze	5.2 NA							
STREET ADDRESS					ADDRESS					
0HY-51- <i>2</i> ⊕			5.4 CI	Y-S	T-ZIP	-				
TITLE	☐ DELETE		6.1 TIT	6.1 TITL <del>E</del>					Change	Addition
NAME			6.2 NA	ME		1				·
STREET ADDRESS					ADDRESS					
CHY-SI-ZIP	by certify that the information supplie	ad with this filing dans not evel!	6.4 Cl			plotod is	Caption 110 07/21/0 Florida Ct-L	thon I don't	or portify that	Hha
information an o appears	by confly that the filliomation supplie on indicated on this annual report or thicer or director of the corporation o in Block 12 or Block 13 if changed, c	supplemental annual report is transition to the receiver or tracted annual report is transition on an attachment with a radio	ue and a pred to ress.	Xec Xec	rate and ute this	d that my report as	signature shall have the same to required by Chapter 607, Florid	gal effect a a Statutes:	is if made un and that my	nder oath; that name

SIGNATURE:

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