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

**FILED PROFIT** Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L57912 (2) JACK STEINBERG PRODUCTIONS, INC. Principal Place of Business Mailing Address 7200 8 PRESTWICK PLACE 7200 S PRESTWICK PLACE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1990 2. Principal Place of Business 4. FEI Number Mailing Address Applied For 21 65-0186150 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name STEINBERG, JACK 7200 S PRESTWICK PLACE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33014 83 84 City 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 tille it applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change STEINBERG, JACK NAME 1.2 NAME 7200 S PRESTWICK PLACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE STEINBERG, JACK NAME 22 NAME 7200 S PRESTWICK PLACE 23 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change \_\_\_ Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 exportation or the received true end 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 exportation or the received true end 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 exportation or the received true end 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 exportation or the received true end 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 exportation or the received true end 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 exportation or the received true end 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 exportation or the received true end 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 exportation JACK STEINBERY

4. 2 NAME 4.3 STREET ADDRESS

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

DELETE

4.4 CITY - ST- ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

**SIGNATURE** 

NAME

TITLE

NAME

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STREET ADDRESS

305-824-5566

Change

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Addition

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