

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M54278** (0)

1. Corporation Name

JOSEPH H. KANTER PRODUCTIONS, INC.

Principal Place of Business

**C/O JOSEPH H. KANTER
3550 BISCAYNE BLVD #504
MIAMI FL 33137**

Mailing Address

**C/O KANTER CORP
4700 ASHWOOD DR. #400
CINCINNATI OH 45241
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/22/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2825289

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. 190.022,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**KANTER, JOSEPH H.
3550 BISCAYNE BLVD #504
MIAMI FL 33137**

10. Name and Address of New Registered Agent

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 consulting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **KANTER, JOSEPH H.**
STREET ADDRESS **3550 BISCAYNE BLVD #504**
CITY-ST-ZIP **MIAMI FL**

TITLE **VTD**
NAME **KANTER, NANCY R.**
STREET ADDRESS **3550 BISCAYNE BLVD #504**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD**
NAME **KANTER, JOHN E(RECORDING**
STREET ADDRESS **3550 BISCAYNE BLVD #504**
CITY-ST-ZIP **MIAMI FL**

TITLE **AS**
NAME **ADLER, FRED H**
STREET ADDRESS **4700 ASHWOOD DR., #400**
CITY-ST-ZIP **CINCINNATI OH**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(b), 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

JOSEPH H. KANTER

4/19/95

305-576-4310