

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 # **M88386** (1)

1. Corporation Name

CAROL RESNICK PRODUCTIONS, INC.



Principal Place of Business

**4786 HIGH GROVE RD
TALLAHASSEE FL 32308**

Mailing Address

**4786 HIGH GROVE RD
TALLAHASSEE FL 32308**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/24/1988

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2895116

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

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RESNICK, CAROL
4786 HIGH GROVE RD
TALLAHASSEE FL 32308**

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 607.0503 and 607.1503, 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 obligation of, Sections 607.0503, Florida Statutes.

SIGNATURE

Carol Resnick

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **PD** ☐ DELETE
2. NAME **RESNICK, CAROL**
3. STREET ADDRESS **4786 HIGH GROVE RD**
4. CITY-STATE-ZIP **TALLAHASSEE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

5. TITLE ☐ DELETE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

9. TITLE ☐ DELETE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

13. TITLE ☐ DELETE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

17. TITLE ☐ DELETE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

21. TITLE ☐ DELETE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I 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 proprietor 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:

Carol Resnick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96
DATE OF FILING

CR2E034 (12/95)