

FILE NOW: FILING FEE IS \$64.25.

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N33689 (3)

1. Corporation Name

OFF-BEACH PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

BOX 717
SANIBEL FL 33957

BOX 717
SANIBEL FL 33957

3. Date Incorporated or Qualified
08/11/1989

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

65-0162249

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLY, VINCE
C/O JUNE KOC
1990 ROSEATE LANE
SANIBEL FL 33957

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME KELLY, VINCE
STREET ADDRESS 2323 WOOSTER LN
CITY-ST-ZIP SANIBEL FL

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 2133 PERIWINKLE WAY
14 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME HEWITT, EMILY
STREET ADDRESS 862 BETHANY CT
CITY-ST-ZIP FT MYERS FL

21 TITLE DIRECTOR ☒ Change ☐ Addition

22 NAME KOC, JACK
23 STREET ADDRESS 1990 ROSEATE LN
24 CITY-ST-ZIP SANIBEL FL 33957

TITLE D ☐ DELETE

NAME KOC, JUNE
STREET ADDRESS 1990 ROSEATE LN.
CITY-ST-ZIP SANIBEL FL

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME 000001746050
43 STREET ADDRESS -03/18/96--01041--034
44 CITY-ST-ZIP ***61.25

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JUNE KOC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE KOC 1/22/96 941-481-9111
Daytime Phone #

CR2E037 (12/95)