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FILED

Mar 11 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **N33689** (3)

1. Corporation Name

**OFF-BEACH PRODUCTIONS, INC.**

Principal Place of Business

Mailing Address

**BOX 717  
SANIBEL FL 33957****BOX 717  
SANIBEL FL 33957-0717**3. Date Incorporated or Qualified  
**08/11/1989**3a. Date of Last Report  
**03/18/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

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** ☐ DELETENAME **KELLY, VINCE**  
STREET ADDRESS **2133 PERWINKLE WAY**  
CITY-ST-ZIP **SANIBEL FL**1.1 TITLE ☐ Change ☐ AdditionNAME **KELLY, VINCE**STREET ADDRESS **2133 PERWINKLE WAY**CITY-ST-ZIP **SANIBEL FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETENAME **KOC, JACK**  
STREET ADDRESS **1990 ROSEATE LN**  
CITY-ST-ZIP **SANIBEL FL 33957**2.1 TITLE ☐ Change ☐ AdditionNAME **KOC, JACK**STREET ADDRESS **1990 ROSEATE LN**CITY-ST-ZIP **SANIBEL FL 33957**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETENAME **KOC, JUNE**  
STREET ADDRESS **1990 ROSEATE LN.**  
CITY-ST-ZIP **SANIBEL FL**3.1 TITLE ☐ Change ☐ AdditionNAME **KOC, JUNE**STREET ADDRESS **1990 ROSEATE LN.**CITY-ST-ZIP **SANIBEL FL**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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** **3/7/97** **941 472-5400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0067036**

CR2E037 (9/96)