

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000001837 (4)**

1. Corporation Name

**PERFORMERS STUDIO WORKSHOP COMPANY, INC.**

Principal Place of Business

8313 W. HILLSBOROUGH AVE.  
BLDG 200 STE 250  
TAMPA FL 33615  
US

Mailing Address

8313 W. HILLSBOROUGH AVE.  
BLDG 200 STE 250  
TAMPA FL 33615  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.**  
1201 HAYS ST.  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

**04/23/1993**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-3191143**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes

☐

Yes

☐

No

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 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 re-statuting)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

OP

**LAUGHLIN, KATHRYN**

8313 W. HILLSBOROUGH AVE., BLDG 2, STE. 3  
TAMPA FL 33615

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DS

**BRESLAUER, JEFFREY**

8313 W. HILLSBOROUGH AVE., BLDG 2, STE. 3  
TAMPA FL 33615

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DT

**HYMAN, MARIE**

8313 W. HILLSBOROUGH AVE., BLDG 2, STE. 3  
TAMPA FL 33615

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Vice Pres

**Deborah Barowe**

8313 W. Hillsborough Ave.  
Tampa FL 33615

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Kella

**Kella**

8313 W. Hillsborough Ave.  
Tampa FL 33615

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Sec

**Samuel Nicholson**

8313 W. Hillsborough Ave.  
Tampa FL 33615

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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\*\*\*\$1.25

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:

*Kathryn Laughlin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96

813-886-0335

Date:

Daytime Phone #

CR2E037 (12/95)