

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 # **N94000004155 (7)**

1. Corporation Name

DORMOUSE PRODUCTIONS, INCORPORATED



Principal Place of Business

Mailing Address

55 OCEAN LANE DRIVE STE. 3021
KEY BISCAYNE FL 33149

55 OCEAN LANE DRIVE STE. 3021
KEY BISCAYNE FL 33149

2. Principal Place of Business

21 **25 99 ST.**

Suite, Apt. #, etc.

22

City & State

23 **MIAMI SHORES FL**

Zip **33150** Country **USA**

2a. Mailing Address

26 **25 99 ST.**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI SHORES FL**

Zip **33150** Country **USA**

29

30

3. Date Incorporated or Qualified
08/19/1994

3a. Date of Last Report
06/02/1995

4. FEI Number

65-0524403

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

RUDY, CAROL-ANN
55 OCEAN LANE DRIVE STE. 3021
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

25 99 ST.

83

84 City

MIAMI SHORES

FL

Zip Code

33150

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 NAME STREET ADDRESS CITY-ST-ZIP	P RUDY, CAROL-ANN 55 OCEAN LANE DR 3021 KEY BISCAYNE FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TREASURER JOSEPH H. HUPPERT 11440 N. KENDALL DR. STE. 201 MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GOLDMAN, DORI 8635 SW 47TH TERR MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DIRECTOR ALAN BRYCE GROSSMAN 12515 N. KENDALL DR. STE 400 MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPANGLER, JAMES W 15006 SW 104TH ST 2510 MIAMI FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDBERG, RICHARD S 55 OCEAN LANE DR 3021 KEY BISCAYNE FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKAY, ERNESTINE 240 CRANDON BLVD STE 240 KEY BISCAYNE FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGY, TONI ELLEN R 13041 SW 70THA VE MIAMI FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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:

Carol-Ann Rudy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (305)365-9653
Date Daytime Phone #

CR2E037 (12/95)