

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004372 (7)

1. Corporation Name

PASTTIMES PRODUCTIONS, INC.



Principal Place of Business

745 NORTHEAST 117 STREET
BISCAYNE PARK FL 33161

Mailing Address

745 NORTHEAST 117 STREET
BISCAYNE PARK FL 33161

3. Date Incorporated or Qualified
09/11/1995

3a. Date of Last Report

2. Principal Place of Business
21. SANG AS ABUUG

2a. Mailing Address
26. SAME AS ABOVE

4. FEI Number
65-0608459

Applied For
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

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

FITZGERALD, DAN
745 NORTHEAST 117 STREET
BISCAYNE PARK FL 33161

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

TITLE ☐ DELETE
NAME P
STREET ADDRESS FITZGERALD, DAN
CITY-ST-ZIP 745 NORTHEAST 117 STREET
BISCAYNE PARK FL 33161

TITLE ☐ DELETE
NAME V
STREET ADDRESS FITZGERALD, DIXIE
CITY-ST-ZIP 745 NORTHEAST 117 STREET
BISCAYNE PARK FL 33161

TITLE ☐ DELETE
NAME V
STREET ADDRESS DAWSON, ROBERT
CITY-ST-ZIP 2400 NORTHEAST 6 AVENUE #108
NORTH MIAMI FL 33161

TITLE ☐ DELETE
NAME V
STREET ADDRESS BRONER, RHONDA
CITY-ST-ZIP 10721 NORTHEAST 3 AVENUE
MIAMI SHORES FL 33138

TITLE ☐ DELETE
NAME V
STREET ADDRESS UNDERWOOD, ANNETTE
CITY-ST-ZIP 5995 NORTH BAYSHORE DRIVE
MIAMI FL 33131

TITLE ☐ DELETE
NAME T
STREET ADDRESS BETTY HACH
CITY-ST-ZIP 987 NE 96 STREET
MIAMI SHORES FL 33138

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

T
REV. JAMES KUETKO
9823 NE 4 AVENUE
MIAMI SHORES, FL 33138

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
DANIEL HARRING CPA
1320 E. DIXIE HIGHWAY
CORAL GABLES, FL 33146

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)