

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P36740 (9)**

1. Corporation Name
LEONARD STUDIO EQUIPMENT COMPANY, INC.



Principal Place of Business: **12950 RAYMER STREET NO. HOLLYWOOD CA 91605**
Mailing Address: **12950 RAYMER STREET NO. HOLLYWOOD CA 91605**

2. Principal Place of Business: 21 Subj. Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Subj. Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **12/17/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **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

**BULLARD, DAVID
9460 DELEGATES DRIVE
ORLANDO FL 32821**

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 607.0502 and 607.1508, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0502, Florida Statutes.

SIGNATURE: _____ DATE: _____
Name of Registered Agent: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	CP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	CHAPMAN, LEONARD T.	2. NAME	
3. STREET ADDRESS	12950 RAYMER STREET	3. STREET ADDRESS	
4. CITY, ST, ZIP	NO HOLLYWOOD CA	4. CITY, ST, ZIP	
5. TITLE	VCV	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	CHAPMAN, BARBARA J.	6. NAME	
7. STREET ADDRESS	12950 RAYMER STREET	7. STREET ADDRESS	
8. CITY, ST, ZIP	NO HOLLYWOOD CA	8. CITY, ST, ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
000001717500
-02/19/96--01017--011
*****200.00**

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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** *Leonard T. Chapman* **LEONARD T. CHAPMAN** 1-17-96 818-764-6726
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Digitized Phone #)

CR2E034 (12/95)

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