

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000005807 (2)

1. Corporation Name

AMERICAN FILM PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

C/O DARLENE A. SPEZZI
5594 N. ORANGE BLOSSOM TR
ORLANDO FL 32810
US

5594 N. ORANGE BLOSSOM TR.
SUITE 103
ORLANDO FL 32810
US

3. Date Incorporated or Qualified
11/18/1992

3a. Date of Last Report
04/04/1995

4. FEI Number

59-3173722

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

2. Principal Place of Business

21 100 W. Colonial Drive

Suite, Apt. #, etc.

22 Orlando, Florida

City & State

23

Zip

24 32801

Country

25 US

2a. Mailing Address

26 100 W. Colonial Drive

Suite, Apt. #, etc.

27 Orlando, Florida

City & State

28

Zip

29 32801

Country

30 US

9. Name and Address of Current Registered Agent

ABELY, GARY S.
2304 E. ROBINSON STREET
SUITE 2600
ORLANDO FL 32803

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

D
NAME ALMIHDAR, ALAWI
STREET ADDRESS 200 S. ORANGE AVENUE #2600
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE

D
NAME SPEZZI, DARLENE
STREET ADDRESS 200 S. ORANGE AVENUE #2600
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS 100 W. Colonial Drive
1.4 CITY-ST-ZIP Orlando, Florida 32801

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS 100 W. Colonial Drive
2.4 CITY-ST-ZIP Orlando, Florida 32801

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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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: Darlene A. Spezzi,

Darlene A. Spezzi

06/07/96

(407) 422-8358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (3/96)