SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $725 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:45

DOCUMENT # **P93000014802 (1)**

1. Corporation Name
MEDVISOR PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
17610 TIFFANY TRACE DRIVE BOCA RATON FL 33487	3767 MYKONOS CT BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/19/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0479656	☐ 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 [illegible] under s. 199.052, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 3767 Mykonos Ct	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Boca Raton, Florida	28 City & State
24 Zip: 33487 25 Country: US	29 Zip 30 Country

9. Name and Address of Current Registered Agent

HARLING, HARVEY H
6100 GLADES ROAD
SUITE 201
BOCA RATON FL 33434

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SCHWIBNER, BARRY	12 NAME	
STREET ADDRESS	17610 TIFFANY TRACE DR	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	SCHWIBNER, ROBYN	22 NAME	
STREET ADDRESS	17610 TIFFANY TRACE DR	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	SCHWIBNER, JANET	32 NAME	
STREET ADDRESS	17610 TIFFANY TRACE DR	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry H. Schwibner 6/25/95 407-241-8166
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

01052404 FP