

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 DEC 31 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9930000019517
1. Corporation Name
MORITZ PRODUCTIONS, INC.

Principal Place of Business Mailing Address
**Ft. Lauderdale 3961 SW 72nd Terr.
DAVIE, FL 33314**

2. Principal Place of Business 2a. Mailing Address
21 **3961 SW 72nd Terrace** 26 **3961 SW 72nd Terr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **DAVIE, FL** 28 **DAVIE, FL**
Zip Country Zip Country
24 **33314** 25 Country 29 **33314** 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
MARCH 16, 1993 **Jan. 18, 1994**
4. FEI Number Applied For
450396183 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. Trust Fund Contribution ☐
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

81 Name **Ronda L. Moritz Kaplan**
82 Street Address (P.O. Box Number is Not Applicable)
3961 SW 72nd Terrace
83
84 City **DAVIE** FL 85 Zip Code **33314**

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 **Ronda L. Kaplan**

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

11 TITLE ☐ DELETE
NAME **RONDA L. KAPLAN**
STREET ADDRESS **President**
CITY-ST-ZIP **3961 SW 72nd Terrace Davie, FL 33314**
12 TITLE ☐ DELETE
NAME **Steve Kaplan**
STREET ADDRESS **General Manager**
CITY-ST-ZIP **3961 SW 72nd Terrace Davie, FL**
13 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
14 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
15 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☒ Change ☐ Addition
NAME **Ronda L. Moritz**
STREET ADDRESS **(Name Change)**
CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS **200002391612--3**
24 CITY-ST-ZIP **-01/06/98 -01088--016**
31 TITLE *****550.00 ***550.00**
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: **Ronda L. Kaplan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-7-97

Date

954-370-0495

Daytime Phone #

CP2E034 (9/96)