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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 25, 1996 08:00 AM
Secretary of State

DOCUMENT # P93000033160 (1)

1. Corporation Name

PROMED PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

**11000 PROSPERITY FARMS RD
SUITE 300
PALM BEACH GARDENS FL 33410**

**5404 PGA BLVD
S109
PALM BEACH GARDENS FL 33410
US**

3. Date Incorporated or Qualified

05/06/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 5610 PGA Blvd.

26 5610 PGA Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste # 114

27 Ste # 114

City & State

City & State

23 Palm Beach Gardens, FL

28 Palm Beach Gardens, FL

Zip

Country

Zip

Country

24 33418

25 USA

29 33418

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SABATELLO, CARL M
5604 PGA BLVD
S109
PALM BEACH GARDENS FL 33418**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5610 PGA Blvd., Suite 114

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 re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
GRABEL, JORDAN
101 SANDBOURNE LN
PALM BEACH GARDENS FL**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**5610 PGA Boulevard, Suite 114
Palm Beach Gardens, FL 33418**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SABATELLO, CARL M
5404 PGA BLVD S109
PALM BCH GARDENS FL**

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**5610 PGA Boulevard, Suite 114
Palm Beach Gardens, FL 33418**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SABATELLO, MICHAEL J
5404 PGA BLVD S109
PALM BCH GND S FL**

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**5610 PGA Boulevard, Suite 114
Palm Beach Gardens, FL 33418**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SABATELLO, PAUL
5404 PGA BLVD S109
PALM BCH GND S FL**

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**5610 PGA Boulevard, Suite 114
Palm Beach Gardens, FL 33418**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SABATELLO, THEODORE
5404 PGA BLVD S109
PALM BCH GND S FL**

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, 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

President

2/27/96

407/626-7600

CR2E034 (12/95)