

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000045420 (5)**

1. Corporation Name  
**YODANIS STUDIO, INC.**



Principal Place of Business

**7501 NW 4 ST  
#112  
PLANTATION FL 33317**

Mailing Address

**7501 NW 4 ST  
#112  
PLANTATION FL 33317**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

26 State, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

3. Date Incorporated or Qualified **06/28/1993** 3a. Date of Last Report **05/01/1995**

4. FE Number **65-0415458** 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

9. Name and Address of Current Registered Agent

**WACHHOLDER, BARRY L  
7501 NW 4 ST  
#112  
PLANTATION FL 33317**

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 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report on behalf of the corporation. (Print name and title of the person who is authorized to sign this report on behalf of the corporation.)

12. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>D</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>YODANIS, BRUCE</b>         |                                 |
| STREET ADDRESS | <b>1130 SW 17 ST</b>          |                                 |
| CITY-STATE-ZIP | <b>FT LAUDERDALE FL 33315</b> |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-STATE-ZIP |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-STATE-ZIP |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-STATE-ZIP |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |  |
|-------------------|--|
| 11 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |  |
| 13 STREET ADDRESS | <b>1915 S. FEDERAL HIGHWAY</b>   |
| 14 CITY-STATE-ZIP | <b>FT. LAUDERDALE, FL 33316</b>  |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |  |
| 23 STREET ADDRESS |  |
| 24 CITY-STATE-ZIP |  |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |  |
| 33 STREET ADDRESS |  |
| 34 CITY-STATE-ZIP |  |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY-STATE-ZIP |  |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |  |
| 53 STREET ADDRESS |  |
| 54 CITY-STATE-ZIP |  |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |  |
| 63 STREET ADDRESS |  |
| 64 CITY-STATE-ZIP |  |

14. I do hereby certify that the information supplied with this report is true and correct, and that I am an officer or director of the corporation or the registered broker employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report on an official Florida address.

SIGNATURE: *Bruce Yodanis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1 954-7289953  
DATE OF FILING DATE OF FILING

CR2E034 (12/95)