

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

FILED

96 DEC 19 PM 3:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000063213 (1)

1. Corporation Name

PRODUCERS AND COMPANY, INC.



REINSTATEMENT 9600

Principal Place of Business Mailing Address
SUITE 250 SUITE 250
9360 SUNSET DR. 9360 SUNSET DR.
MIAMI FL 33173 MIAMI FL 33173

3. Date Incorporated or Qualified 09/10/1993 3a. Date of Last Report 12/18/1995
4. FEI Number 12-2610628 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

CAHLIN, RICHARD A CPA
3732 NW 16TH STREET
FORT LAUDERDALE FL 33311
20590 WEST DIKIE HWY
NO MIA Bih FL 33180

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 607.0605, Florida Statutes.

SIGNATURE

Richard A. Cahlin CPA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-5-96

12. OFFICERS AND DIRECTORS

TITLE D DELETE
NAME LIEBERMAN, STACY S
STREET ADDRESS #250, 9360 SUNSET DR.
CITY - ST - ZIP MIAMI FL 33173
TITLE DELETE
NAME DELETE
STREET ADDRESS DELETE
CITY - ST - ZIP DELETE
TITLE DELETE
NAME DELETE
STREET ADDRESS DELETE
CITY - ST - ZIP DELETE
TITLE DELETE
NAME DELETE
STREET ADDRESS DELETE
CITY - ST - ZIP DELETE
TITLE DELETE
NAME DELETE
STREET ADDRESS DELETE
CITY - ST - ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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-12/24/96--01103-012
****375.00 ****375.00

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:

Stacy Scott PRESIDENT STACY SCOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 5, 1996 305 274-3533

Daytime Phone #

CR2E034 (3/96)