

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P93000071524 (1)**

1. Corporation Name

**R K W FILM SERVICES, INC.**



Principal Place of Business

**790 E. BROWARD BLVD.  
SUITE 302  
FT. LAUDERDALE FL 33301  
US**

Mailing Address

**790 E. BROWARD BLVD.  
SUITE 302  
FT. LAUDERDALE FL 33301  
US**

3. Date Incorporated or Qualified  
**10/14/1993**

3a. Date of Last Report  
**02/20/1995**

2. Principal Place of Business  
21 **790 E. Broward Blvd.**

2a. Mailing Address  
26 **c/o Acctg. & Business Consits.**

4. FEI Number  
**65-0442745**

Applied For  
Not Applicable

22 **Suite 302**

27 **790 E. Broward Blvd. # 302**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 **Ft. Lauderdale, FL**

28 **Ft. Lauderdale, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33301** 25 **USA**

29 **33301** 30 **USA**

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

**WILLIAMS, RUSSELL K  
% ACCOUNTING & BUSINESS CONSULTANTS, INC.  
790 E BROWARD BLVD SUITE 302  
FT LAUDERDALE FL 33301**

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

Signature typed or printed name of registered agent and that of corporation

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **WILLIAMS, RUSSELL K**  
STREET ADDRESS **16 N CAROLINA AVE SE**  
CITY-ST-ZIP **WASHINGTON DC**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **VISCLOSKEY, ANNAMARIE**  
STREET ADDRESS **16 N CAROLINA AVE, SE**  
CITY-ST-ZIP **WASHINGTON DC**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

**ANNAMARIE VISCLOSKEY**

**DIRECTOR  
SEC/TREAS**

**2.26.96**

Date

**305-462-6045**

Daytime Phone #

CR2E034 (12/95)