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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE: √

1. Corporatio	IMENT # P9300 PINAMIC ENT PRODUCTIONS, INC.	JUU72956 (4	7)			) (BANGA) XII (GJEA WEN BANG ERIN BENG IBAN UBAN MENG IBIN	I BANDA BANI BABI
Principal Plac	ce of Business	Mailing Address					
3941 SUGARHILL AVENUE JENSEN BEACH FL 34957		3941 SUGARHILL AVENUE JENSEN BEACH FL 34957		•			
						3. Date Incorporated or Qualified 3a. Date of Last Re 10/13/1993 01/31/199	*
	Place of Business	2a. Mailing Address				4. FEI Number	Applied For
Suite, Apt.	. #, etc.	26   Suite, Apt. #, etc.	<u></u>			\$8.75	Not Applicable Additional
22	<u></u>	27			1 D. COLLINCATO OI STATUS DESIREU I I	Required	
Oity & Stal	de:	City & State				D May Be I to Fees	
Zio 24	Country 25	Z <sub>I</sub> p <b>29</b>	<b></b>	Country 30		8. This corporation has liability or intangible tax under s 199.032, Florida Statutes Yes No	
	9. Name and Address of Curre	·	[30]	I		10. Name and Address of New Registered Agent	····
				81	Name		
	I, AVRON C SOUTH FEDERAL HIGHWAY			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
STE. 3				83	<del></del>		
STUAR	RT FL 34994			84	City	85 Zip Code	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title Fapplication (N	IOTE: Registere	d Agent		d of directors. I hereby accept the appointment as registered a	
12.	D OFFICERS AP	ND DIRECTORS  DELETE	13.	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
MAME	BALLABON, MARK			NAME			
STREET ADDRESS				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE			
CITY ST ZIF	JENSEN BEACH FL 34957	☐ DELETE				☐ Change	☐ Addition
NAME	BALLABON, VICTORIA J			NAME			/idantion
STREET ADDRESS			2 3 \$TRE		ADDRESS		
CHY-S1-ZIP THEE	JENSEN BEACH FL 34957	DELFTE		CITY-ST	T - ZIP	C7 Change	
NAME	t but it			3 1 TITLE 3.2 NAME		Change	☐ Addition
SPRELL ADDRESS					ADDRESS		
CHY-S1-76				3.4 CITY-ST-ZIP			
THUE NAME		DELETE		4 1 TITLE 4 2 NAME		☐ Change	☐ Addition
STREET ADDRESS			4.3 STREE		ADDRESS		
CITY ST ZIF			4.4 CHY-S1-				
TILE		DELETE	5 1	5 1 TITLE		☐ Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5 3 STREET ADD			
City+S1-ZiF Titl:E		DELETE		6 1 TITLE		Change	Addition
NAMI				6.2 NAME		Unange Commission	
STREET ADORESS					ADDRESS		
CITY - ST - ZIF				CITY-SI			
ce firy the oath; tha	at the information indicated on this and	nual report or supplemental an poration or the receiver or trust	nual report ee empowi	is tru	e and accura	or the exemption stated in Section 119.07(3)(k), Florida Statute te and that my signature shall have the same legal effect as if s report as required by Chapter 607, Florida Statutes; and that	made under

01 - 15 - 96
Deste Destrine Prone i

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR