

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2: 55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000076420 (7)

1. Corporation Name

CMS PRODUCTIONS INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/04/1993

3a. Date of Last Report

06/09/1994

4. FEI Number

65-0447680

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**1370 S. OCEAN BLVD.
APT. 1101
POMPANO BEACH FL 33062**

2a. Mailing Address

**1370 S. OCEAN BLVD.
APT. 1101
POMPANO BEACH FL 33062**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDMAN, ALAN J ESQ.
1370 S. OCEAN BLVD.
APT. 1101
POMPANO BEACH FL 33062**

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 title if applicable.

NOTE: Registered Agent signature required when certifying.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**DP
ASHLEIGH-MARUM, PAULINE
28 MOONGA ROAD
TOORAK VIC. AUSTRALIA**

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

☐ Change ☐ Addition

**DS
MARUM, JOHN RICHARD
114 GREY ST.
MELBOURNE VIC. AUSTRALIA**

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

☐ Change ☐ Addition

**DT
GOLDMAN, VIRGINIA
1370 S. OCEAN BLVD.
POMPANO BEACH FL 33062**

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

☐ Change ☐ Addition

**DT
GOLDMAN, VIRGINIA
1370 S. OCEAN BLVD.
POMPANO BEACH FL 33062**

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

☐ Change ☐ Addition

**DT
GOLDMAN, VIRGINIA
1370 S. OCEAN BLVD.
POMPANO BEACH FL 33062**

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

☐ Change ☐ Addition

**DT
GOLDMAN, VIRGINIA
1370 S. OCEAN BLVD.
POMPANO BEACH FL 33062**

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 110.07(3)(b), 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 a 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

Date

Signature Print #

April 15, 1995 305-783-2469