

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 # **P93000081550 (4)**

1. Corporation Name

CEL-TEL ON HOLD PRODUCTIONS, INC.

Principal Place of Business

**2300
2454 W. OAKLAND PARK BLVD. Suite 400
FT. LAUDERDALE FL 33311**

Mailing Address

**2300
2454 W. OAKLAND PARK BLVD. Suite 400
FT. LAUDERDALE FL 33311**



2. Principal Place of Business

21 2300 W. Oakland Park Blvd

Suite, Apt. #, etc.

22 Suite 400

City & State

23 Ft. Lauderdale FL

Zip

24 33311

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BAUMEL, SUSAN K
1200 N. FEDERAL HIGHWAY
SUITE 411
BOCA RATON FL 33432**

3. Date Incorporated or Qualified
11/19/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0447394

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

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **FITZGERALD, ROBERT**
STREET ADDRESS **2454 W. OAKLAND PARK BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **D** ☐ DELETE
NAME **BERCUN, MICHAEL**
STREET ADDRESS **2454 W. OAKLAND PARK BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **D** ☐ DELETE
NAME **PICCININNI, ALFRED**
STREET ADDRESS **2454 W. OAKLAND PARK BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **D** ☐ DELETE
NAME **O'CONNOR, MICHAEL**
STREET ADDRESS **2454 W. OAKLAND PARK BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **2300 W. Oakland Park Blvd Suite 400**
1.4 CITY-ST-ZIP **Ft Lauderdale, FL 33311**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **2300 W. Oakland Park Blvd. Suite 400**
2.4 CITY-ST-ZIP **Ft Lauderdale, FL 33311**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **2300 W. Oakland Park Blvd. Suite 400**
3.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33311**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **2300 W. Oakland Park Blvd Suite 400**
4.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33311**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS **7000001803117**
5.4 CITY-ST-ZIP **-05/01/96--01038--026**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS *****200.00**
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 118.07(3)(c), 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

Date

Daytime Phone #

954-735-8300

CR2E034 (12/95)