## 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

DOCUMENT # P93000087578 (9)
1. Corporation Name

S. J. PRODUCTIONS, INC.

S. J. PRODUCTIONS, INC.	

Principal Place of Business Mailing Address			- F FARESONDS TIM SAIRED BATH ONNIN ONLIN BRINI ORINI 1880) DISIN 1880) 1001 1880)				
1465 NW 124TH AVE PEMBROKE PINES FL 33026 US		PEMBROKE PINES	1465 NW 124TH AVE PEMBROKE PINES FL 33026 US				
		ŲS			3. Date Incorporated or Qualified 01/04/1994	3a. Date of Last Report 05/01/1995	
2. Principal Pla		2a. Mailing Address			4. FEI Number 65-0459369	Applied For	
21 <b>8 00</b> Suite, Apt. #	NW 110TH LAN	76 26 800 NW 110 Suite, Apt. #, etc.	MY LAN	<i></i>	00-0408008	Not Applicable	
	SPRINGS FL	City & State	0 1406.0	FL	5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State	7121013 100	City & State	C 1 W 03		6. Election Campaign Financing	\$5.00 May Re	
23 330	<b>チ</b> 人	28 33071		•	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count		8. This corporation has liability for in		
24	25 V A	[29]	[30] L	ISA	Florida Statutes Yes		
	9. Name and Address of Curi	rent Hegistered Agent		1 Name	10. Name and Address of New Ro	egistered Agent	
10.400	ACCUTED DA			Name			
JP ASSOCIATES, PA			8	2 Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
6003 N.W. 31ST AVE. FORT LAUDERDALE FL 33309		8	3				
			8	4 City		85 Zip Code	
A Duning	the provisions of Continue 607.06	00 and 607 1500 Florida Otat	tan the should		otion a boile this statement for the sur	FL   D D D D D D D D D D D D D D D D D D	
<ul> <li>or registere</li> </ul>	ed agent, or both, in the State of Flo	orida. Such change was author	ized by the cor	poration's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	sintment as registered agent. I am	
1	n, and accept the obligations of, Se	ection 607,0505, Florida Statute	9S.				
SIGNATURE _	Signature, typed or printed name of registered ag	gent and title if applicable. (f	NOTE: Registered Ac	ent signature required	when rainstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
THILE	PD	DELETE	1. 1 TITL	E		Change Addition	
NAME	JASPAN, SALOMAO		1.2 NAM	Ε			
STREET ADDRESS	1465 NW 124TH AVE		1.3 STRE	ET ADDRESS			
CITY - ST - ZIP	PEMBROKE PINES FL VD	□ DCLETE	1.4 CITY			Channe C Addition	
THILE	JASPAN, FANIA R.G. ,	☐ DEL€TE	2. 1 TITL			Change Addition	
NAME	1465 NW 124TH AVE		2.2 NAM				
STREET ADDRESS	PEMBROKE PINES FL 33	1026		ET ADDRESS			
CITY-ST-ZIP TITLE	I EMORONE I INCO I E 00	DELETE	2.4 CITY 3.1 TITL			Change Addition	
NAME			3.2 NAM	1			
STREET ADDRESS			•	ET ADDRESS	<b>000001</b> 80 -05/02/96010	04340	
CHTY-ST-ZIP			3.4 CITY			14026	
THLE		☐ DELETE	4. 1 TiTL		***200,00	☐ Change ☐ Addition	
NAME			4.2 NAM				
STREET ADDRESS			4.3 STRE	ET ADDRESS			
City-St-ZiP			4.4 City	- ST - ZIP			
TITLE	<u> </u>	DELETE	5. 1 TITL	=	<u>-</u>	☐ Change ☐ Addition	
NAME			5.2 NAM				
STHEET ADDRESS			5 3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	$\overline{}$			
TITLE		DELETE	6. 1 TITL	E		Change Addition	
NAME			6.2 NAM				
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CiTY-ST-ZiP			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 13 if changed, or on an attachment with an address.

SIGNATURE:

MANATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OF DIRECTOR

04 16/96 954-340-4018
Dept. Phone #

(3) A