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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P93000087578 (9)

| 1. Corporation Name | • | 00000001010 ( |  |
|---------------------|---|---------------|--|
| S. J. PRODUCTIONS   | , | NC.           |  |

FILED Apr 28 1997 8:00am Secretary of State



| Principal Plac           | e of Business                          | Mailing Address                         |                               |  | <u> </u>                    |                        |
|--------------------------|--|---|-------------------------------|--|-----------------------------|------------------------|
| 800 NW 110TH             |  | 800 NW 110TH LANE                       |                               |  |                             |                        |
| CORAL SPRING             |  | CORAL SPRINGS FL 33071-6                | 438                           |  |                             |                        |
| U\$                      |  | US                                      |                               | 3. Date incorporated or Qualified 01/04/1994   | 3a. Date of Last 05/01/1996 | •                      |
|                          | lace of Business                       | 2a. Mailing Address                     |                               | 4. FEI Number                                  |                             | Applied For            |
| 21 800 A                 | IW MOTH LANG                           | 26 800 NW 1101                          | + LANG                        | 65-0459369                                     |                             | Not Applicable         |
| Suite, Apt.              |  | Suite, Apt. #, etc.                     |                               | 5. Certificate of Status Desired               | 7                           | Additional<br>Required |
| City & Stat              | е                                      | City & State                            |                               | 6. Election Campaign Financing                 | \$5.0                       | May Be                 |
| 23                       |  | 28 WRAL SPR                             | INH , FL                      | Trust Fund Contribution                        |                             | d to Fees              |
| Zipna                    | Country                                | Zop                                     | Country                       | 8. This corporation has liability for i        |                             | s. 199.032,            |
| 24 55                    | ) f / [25] V \( \( \sum_{25} \)        |   | 10 VSA                        |  | ] Yes ☐ No                  |                        |
|                          | g. Name and Address of Curre           | nt Registered Agent                     |                               | 10. Name and Address of New Re                 | gistered Agent              | ····                   |
|                          | ASSOCIATES, PA                         |   | 81 Name                       | •  |                             |                        |
|                          | 3 N.W. 31ST AVE.                       |   | 82 Street                     | Address (P.O. Box Number is Not Acceptab       | ile)                        |                        |
| FOR                      | RT LAUDERDALE FL 33309                 |   | 83                            |  |                             |                        |
|                          |  |   | 53                            |  |                             |                        |
|                          |  |   | 84 City                       |  | 85 Zi                       | p Code                 |
|                          |  |   |                               | d corporation submits this statement for the p | FL   <sup>88</sup>   *      |                        |
| SIGNATURE                | in familiar with, and accept the oblig |   |                               | re required when reinstating)                  | DATE                        |                        |
| 12.                      | OFFICERS AN                            | ND DIRECTORS                            | 13.                           | ADDITIONS/CHANGES TO OFFIC                     |                             |                        |
| THE                      | PD                                     | <b>₩</b> DELETE                         | 1.1 TITLE                     | PD   | Chang                       | e 🔲 Additio            |
| NAME                     | JASPAN, SALOMAO                        |   | 1.2 NAME                      | JASPAN SACOMÁD<br>BOONW MOTH CAND              |                             |                        |
| STHEET ADDRESS           | 1465 NW 124TH AVE                      |   | 1.3 STREET ADORESS            |  |                             |                        |
| CITY-ST-7IP              | PEMBROKE PINES FL                      | TV                                      | 1.4 CITY - ST - ZIP           | COLAL SPRINGS, FC 33071                        |                             | 1 4 2 2 2 2            |
| DILE                     | VD                                     | X DELETE                                | 21 TITLE                      | VP   | Ed Chang                    | e L. Additio           |
| NAME                     | JASPAN, FANIA R.G. ,                   |   | 2 2 NAME                      | BOONW MOTH LANG                                |                             |                        |
| STREET ADORESS           | 1465 NW 124TH AVE                      |   | 23 STREET ADDRESS             |  | ,                           |                        |
| C-TY - S* - ZIP          | PEMBROKE PINES FL 33026                | ☐ DELETE                                | 2. 4 CITY - ST - ZIP          | CORAL SIRINGS, FL 3307                         | 1 Chano                     | e Additio              |
| TITLE                    |  |   | 3 1 1171.6                    | •  | Langering Crienting         | a L. J Additio         |
| NAME                     |  |   | 3.2 NAME                      |  | •                           |                        |
| STREET ADDRESS           |  |   | 3.3 STREET ADDRESS            |  |                             |                        |
| Crty - St - ZIP<br>TITLE |  | DELETE                                  | 3.4, CITY-ST-ZIP<br>4.1 TITLE |  | Chang                       | e 🔲 Additio            |
| NAME                     |  | E Decere                                | 4. 2 NAME                     |  | , J. 101-19                 | - mod , you did        |
| STREET ADDRESS           |  |   | 4.3 STREET ADDRESS            |  |                             |                        |
|                          |  |   | 4.4 City-ST-ZIP               |  |                             |                        |
| CITY - ST - ZIP<br>TITLE |  | DELETE                                  | 5.1 TITLE                     | <u> </u>                                       | ☐ Chang                     | e Additio              |
| NAME                     |  |   | 5.2 NAME                      |  |                             | •                      |
| STREET ADDRESS           |  |   | 5 3 STREET ADDRESS            |  |                             |                        |
| CITY-ST-ZIP              |  |   | 54 CITY-ST-ZIP                |  |                             |                        |
| TITLE                    | ·                                      | DELETE                                  | 61 TITLE                      |  | Chang                       | e 🔲 Additio            |
| NAME                     |  | *************************************** | 62 NAME                       |  | _                           |                        |
| STREET ADDRESS           |  |   | 6.3 STREET ADDRESS            |  |                             |                        |
| CITY+ST-ZIP              |  |   | 6.4 CITY - ST - ZIP           |  |                             |                        |
|                          | A                                      |   | ···                           |  |                             |                        |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath; 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:

Fanie lew Jeleschmif

BIGUNG PEFICER OR DIRECTOR

04120197

954-3404018

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