

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 # **P94000025709 (4)**

1. Corporation Name

COMBINED PROMOTIONS, INC.

Principal Place of Business

**21378 MARINA COVE CIRCLE
B-17
AVENTURA FL 33180**

Mailing Address

**21378 MARINA COVE CIRCLE
B-17
AVENTURA FL 33180**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**COLLINS, MEL
21378 MARINA COVE CIRCLE
B-17
AVENTURA FL 33180**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

08/10/1995

4. FET Number

65-0481561

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature of person or persons designated agent and the corporation

Signature of Registered Agent and the corporation

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

**P
COLLINS, MEL
21378 MARINA COVE CIRCLE STE. B-17
AVENTURA FL 33180**

2. TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

3. TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

4. TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

5. TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

6. TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

7. STREET ADDRESS ☐ Change ☐ Addition

8. CITY-ST-ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. STREET ADDRESS ☐ Change ☐ Addition

12. CITY-ST-ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. STREET ADDRESS ☐ Change ☐ Addition

16. CITY-ST-ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. STREET ADDRESS ☐ Change ☐ Addition

20. 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mel Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MEL COLLINS

4/8/96 305-937-3770
Date Telephone #

CR2E034 (12/95)