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Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000033793 (8)

1. Corporation Name  
TOUCAN PRODUCTIONS, INC.

Principal Place of Business  
13 SUGARLOAF DR.  
SUGARLOAF SHORES FL 33042

Mailing Address  
13 SUGARLOAF DR.  
SUGARLOAF SHORES FL 33042-3672



2. Principal Place of Business  
21 13 SUGARLOAF DRIVE

2a. Mailing Address  
26 13 SUGARLOAF DRIVE

3. Date Incorporated or Qualified  
05/01/1994

3a. Date of Last Report  
05/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
65-0489495

Applied For  
Not Applicable

City & State  
23 SUGARLOAF KEY, FL

City & State  
28 SUGARLOAF KEY, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country  
24 33042-3672 25 MONROE

Zip Country  
29 33042-3672 30 MONROE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATMORE, CHARLES W.  
13 SUGARLOAF DR.  
SUGARLOAF SHORES FL 33042

81 Name  
ATMORE, CHARLES W.  
82 Street Address (P.O. Box Number is Not Acceptable)  
13 SUGARLOAF DRIVE  
83  
84 City  
SUGARLOAF KEY FL 85 Zip Code  
33042-3672

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
D  
NAME  
ATMORE, CHARLES W.  
STREET ADDRESS  
13 SUGARLOAF DR.  
CITY - ST - ZIP  
SUGARLOAF SHORES FL 33042

1.1 TITLE  
D/P/T/S  
1.2 NAME  
ATMORE, CHARLES W.  
1.3 STREET ADDRESS  
13 SUGARLOAF DRIVE  
1.4 CITY - ST - ZIP  
SUGARLOAF KEY, FL 33042-3672

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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 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, unchanged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

(305) 744-0133

CR2E034 (9/96)