FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 AUG -7 AM 11: 0
SECRETARY OF STATE
TALLAHASSEE FLORID

DOCUMENT # **P94000062888 (0)**

1. Corporation Name

COSTA ESMERALDA PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1625 W MARION AVE SUITE 2 PUNTA GORDA FL 33950	1625 W MARION AVE SUITE 2 PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: 330653852 ☐ 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

9. Name and Address of Current Registered Agent

MOORE, JAMES E III
1625 W MARION AVE
SUITE 2
PUNTA GORDA FL 33950

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 _____ DATE
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	P	☐ Change ☒ Addition
NAME		12 NAME	DAVID A. OGLE	
STREET ADDRESS		13 STREET ADDRESS	27170 HICKORY BLVD.	
CITY ST ZIP		14 CITY ST ZIP	BONITA SPRINGS, FLORIDA 33923	
TITLE		21 TITLE	V	☐ Change ☒ Addition
NAME		22 NAME	MICHELLE C. OGLE	
STREET ADDRESS		23 STREET ADDRESS	5259 E. OCEAN BLVD.	
CITY ST ZIP		24 CITY ST ZIP	LONG BEACH, CALIFORNIA 90803	
TITLE		31 TITLE	T	☐ Change ☒ Addition
NAME		32 NAME	DAVID A. OGLE	
STREET ADDRESS		33 STREET ADDRESS	27170 HICKORY BLVD.	
CITY ST ZIP		34 CITY ST ZIP	BONITA SPRINGS, FLORIDA 33923	
TITLE		41 TITLE	S	☐ Change ☒ Addition
NAME		42 NAME	MICHELLE C. OGLE	
STREET ADDRESS		43 STREET ADDRESS	5259 E. OCEAN BLVD.	
CITY ST ZIP		44 CITY ST ZIP	LONG BEACH, CALIFORNIA 90803	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ MICHELLE C. OGLE July 29, '95 310.439.2474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0320200 CP