

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 # P94000078091 (3)

1. Corporation Name

SHOESTRING PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

303 ANASTASIA BLVD.  
SUITE B  
ST. AUGUSTINE FL 32084

303 ANASTASIA BLVD.  
SUITE B  
ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

10/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3282411

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Existing

KESHNER, STEPHEN G  
303 ANASTASIA BLVD.  
SUITE B  
ST. AUGUSTINE FL 32084

81

Name

PARMER B. SMITH Attorney at Law

82

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

13000 SANDWICH VILLAGE CIRCLE

83

Suite, Apt. #, etc.

Suite 16

84

City

ROSE VEDRA BEACH

FL

85 Zip Code

32082

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, if the applicable

entity. Registered Agent signature required when resubmitting

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME KESHNER, STEPHEN  
STREET ADDRESS 303 ANASTASIA BLVD. SUITE B  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ DELETE

D  
NAME KESHNER, SHERRIE  
STREET ADDRESS 303 ANASTASIA BLVD. SUITE B  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN KESHNER

1 April 96

(904)

823-3722

DATE

Daytime Phone #

CR2E034 (12/95)