SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000009507 (1)

CORPORATE PRODUCTIONS, INC.

Principal Place of Business	Mailing Address				
825A N.E. 42ND STREET POMPANO BEACH FL 33064	825A N.E. 42ND STREET POMPANO BEACH FL 33064				



		POMPANO BEACH FL	. 33004				4 .	
					3. Date Incorporated or Qualified 02/06/1995	3a. Date		
	ace of Business	2a. Mailing Address	m., 00.		4. FEI Number			pplied For
1 1930 NI	E 34TH COURT	₂₆ 1930 NE 34	TH COUL	RT	65-0552298	Not Applicate		
Suite, Apt #	t, etc	Suite, Apt. #, etc			5. Certificate of Status Desired			Additional lequired
	City & State City & State				6. Flection Campaign Financing	r —	\$5.00	May Be
	OUSE POINT, FLORIDA	28 LIGHTHOUSE	POINT,	FLORIDA	Trust Fund Contribution		Added	I to Fees
Zip 4 33064	Country 25	Zip 33064	Court	try	This corporation has liability for Elorida Statutes		x under s N o	s 199 032,
41 0000	9. Name and Address of Current				10. Name and Address of New Re	gistered Ag	ent	
			1	Name				
	SBORNE, WENDI T		la la	Street Addre	ess (P.O. Box Number is Not Acceptab	ie)		
	25 N.W. 61ST TERRACE			Julieer Audire		-,		
	2502		1	33				
PA	rkland fl 33067		<u> </u>	34 City			85 Zır	Code
				1 '		FL		
office or re agent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligat	ions of, Section 607 0505, l	s aumonzed i Florida Statut	JV THE CORDURATIO	oration submits this statement for the p in's board of directors. Thereby accep	DA't		
	Signature, typied or pricted name of experienced agent OFFICERS AND		13.	wite in a Strategie, in the c	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
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(W) (a) (CODOLINE, MEMORIA							
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STREET ADDRESS	7525 N.W. 61ST TERR., #250	02						
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Tido 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 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address

GNATURE:

SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: