

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 # P95000009936 (2)

1. Corporation Name

PIECE BY PIECE PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

3096 LAKE WASHINGTON RD.
MELBOURNE FL 32934

3096 LAKE WASHINGTON RD
MELBOURNE FL 32934

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

na

2. Principal Place of Business

2a. Mailing Address

21 450 South Tropical Trail

26 450 South Tropical Trail

4. FET Number 59-3300264

Applied For

☒ Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Merritt Island FL

27 Merritt Island FL

5. Certificate of Status Desired

☐ na

\$8.75 Additional Fee Required

City & State

City & State

23 32952 USA

28 32952 USA

6. Election Campaign Financing
Trust Fund Contribution

☐ na

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, KENNY
450 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952

81 Name

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

83 Keeping current registered agent

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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.

I have named corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE Kenny Cohen, President

[Signature] 7/17/96

Signature type for principal officer of registered agent and the applicable (a)(1)(c). Required when reissuing.

Signature type for principal officer of registered agent and the applicable (a)(1)(c). Required when reissuing.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COHEN, KENNETH J	
STREET ADDRESS	3096 LAKE WASHINGTON RD.	
CITY - ST - ZIP	MELBOURNE FL 32934	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	COHEN, DAWN M	
STREET ADDRESS	3096 LAKE WASHINGTON RD.	
CITY - ST - ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12		
13	STREET ADDRESS	
14	CITY - ST - ZIP	
21		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22		
23	STREET ADDRESS	
24	CITY - ST - ZIP	
31		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32		
33	STREET ADDRESS	
34	CITY - ST - ZIP	
41		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42		
43	STREET ADDRESS	
44	CITY - ST - ZIP	
51		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52		
53	STREET ADDRESS	
54	CITY - ST - ZIP	
61		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62		
63	STREET ADDRESS	
64	CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I 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 and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I am empowered to execute this report as required by Chapter 617, Florida Statutes, and address

SIGNATURE: Dawn M Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/96 407/452-7781

CR2E034 (3/96)