

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000016175 (8)

1. Corporation Name

STE-MAR PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216

4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216

2. Principal Place of Business

2a. Mailing Address

21 8022 Peppermint Lane  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State  
23 Jacksonville, FL

27 City & State

24 Zip 32244  
25 Country

29 Zip  
30 Country

9. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N  
100 NATIONAL FINANCIAL BLDG.  
4215 SOUTHPOINT BLVD.  
JACKSONVILLE FL 32216

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3302892

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 that of agent at

(NOTE: Registered Agent Signature required when changing registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/V/T/S  
NAME SMITH, STEVEN D  
STREET ADDRESS 8700 SOUTHSIDE BLVD., #1015  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D/P/A/S/A/T  
NAME LEWIS, MARVIN JR.  
STREET ADDRESS 8022 PEPPERMINT LANE  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

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

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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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marvin Lewis, Jr.

4/29/96

904-771-6899

CR2E034 (12/95)