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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

P95000036762 (9) DOCUMENT # 1. Corporation Name

FRANKENEGG PRODUCTIONS, INC.

Maring Address Principal Place of Business 2453 WHISPERING MAPLE DR. 2453 WHISPERING MAPLE DR. ORLANDO FL 32837 ORLANDO FL 32837 3. Date incorporated or Qualified 3a. Date of Last Report 05/08/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 5ame Not Applicable 5ame 26 21 \$8.75 Additional Suite Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Ζıρ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Saure WHITACRE, WILLIAM L ESQ. Street Address (P.O. Box Number is Not Acceptable) 82 17 S. MAGNOLIA AVE. 83 ORLANDO FL 32801 85 Zip Code 84 City 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 directurs. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. (NOTE: Registered Agest Squature required when her staffigli ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE THILE Tantalo, Patrick, A 1.2 NAME TANTELO, PAT NAME %2453 WHISPERING MAPLE DR. 1.3.5 THEF ! 4003ESS STREET ADDRESS ORLANDO FL 32837 14 OE+ S1 ZIP CITY - ST - ZIP ☐ Addition CO DELETE 2 1 HILE TITLE ٧S 2.2 NAME James, M GREEN, JIM NAME 2.3 SURFET ADDSESS %2453 WHISPERING MAPLE DR. STREET ADDRESS orlando. ORLANDO FL 32837 2.4 (10 - \$1-71) CITY-S1-ZIP Addition CT DELETE 3 1 11/16 TITLE 3.2 NAME NAME 3.3 STREET AD STREET ADDRESS 3.4 OHY - \$7 CITY - ST-ZIP Change Addition DELETE 4.1 IIILE TOTALE 4.2 NAME MAME 4.3 STREET STREET ADDRESS 441 Tr S CITY-SI ZIP Change Addition DELETE 5 1 1011 TITLE 5.2 NAME NAME 5.3.516331 STREET ADDRESS 5400r-50 CHTY-ST-ZIP Change Addition DELETE 6 1 THE Tille 6.2 NAME NAME

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6.4 Citir - ST - 2/P

appears in Brock 12 or Block 13 if changed, or on an attachment with an address Tanada of signing of s

STREET ADDRESS

14. I do hereby certify that the information supplied with this fiting is voluntarily furnished and obes 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 it made under oath; that I am an officer or director of the comporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name 5-23-96 (407)275-0048

CR2E034 (12/95)