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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

P95000048049 (7) DOCUMENT # Corporation Name SPEEDY PRESENTATIONS, INC. Principal Place of Business Mailing Address 2426 TURPIN DR 2426 TURPIN DR ORLANDO FL 32837 ORLANDO FL 32837 3. Date Incorporated or Qualified 3a. Date of Last Report 06/20/1995 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 26 Not Applicable Suite, Apt #. etc. Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State Oty & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No  $Z_{10}$ Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STRAFUSS, JON P 82 Street Address (P.O. Box Number is Not Acceptable) 2426 TURPIN DR 83 ORLANDO FL 32837 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. Signature, typod or pro-ted has a of registered agent and bleed a paidable DATE (IsCHI). Registered Agent agreature required when recallabings 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELFTE TRUIDS -10/ DIFFERDE 1 1 TI\*LE ☐ Change NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS EC 32/37 CITY-ST-ZIP 1.4 City St-ZiF Tiffe DELETE 2 THEE ☐ Change Add-tion NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY - ST- ZIP TITLE DELFTE 3 1 HIBE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP TITLE DELETE 4 1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CHTY - ST - ZIP DILE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City-St-2:P 5.4 CHY-\$1-ZIP TITLE DELETE 6 1 TIBLE Change Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CiTY+ST-7/P

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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 calls; 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 of with an address

6.4 CITY - ST - ZIP

SIGNATURE: 4

RINTED AME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)