

**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 # P95000066983 (4)**  
1. Corporation Name

**HYACINTH PRODUCTIONS, INC.**



Principal Place of Business: **732 COACHLIGHT DRIVE FERN PARK FL 32730**  
Mailing Address: **732 COACHLIGHT DRIVE FERN PARK FL 32730**

3. Date Incorporated or Qualified: **06/28/1995**  
3a. Date of Last Report:  Applied For /  Not Applicable

21. Principal Place of Business	22. Mailing Address	4. FEI Number	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. Suite, Apt. #, etc	23. Suite, Apt. #, etc	5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
23. City & State	24. City & State	24. Zip	25. Country	26. Zip
25. Country	26. Country	27. Zip	28. Country	29. Zip

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EDWARDS, JACK 732 COACHLIGHT DRIVE FERN PARK FL 32730		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 85. Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of person printing name of registered agent and filing application (REQUIRED: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, JACK	12 NAME	
STREET ADDRESS	732 COACHLIGHT DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	FERN PARK FL 32730	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICKNELL, ALFRED G	22 NAME	
STREET ADDRESS	2 EVANS ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	CUMBERLAND RI 02864	24 CITY-ST-ZIP	
TITLE	OFFICER <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPENHEIM, SOCHACKI	32 NAME	
STREET ADDRESS	429 SUMMERLINE AVE	33 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or in an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)