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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000007708 (6)

1. Corporation Name
VAGABOND STUDIO, INC.

Principal Place of Business
4056 NW 90TH AVENUE
SUNRISE FL 33351

Mailing Address
4056 NW 90TH AVENUE
SUNRISE FL 33351-8807



3. Date Incorporated or Qualified 01/22/1996
3a. Date of Last Report ~~6/3~~ N/A

2. Principal Place of Business
21 3596 EDRA SPA
2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 DAVID FL
24 33328
25 Broward
26 City & State
27 Suite, Apt. #, etc.

28 Zip
29 33328
30 Country
31 Election Campaign Financing
32 Trust Fund Contribution

33 Certificate of Status Desired
34 \$8.75 Additional Fee Required
35 \$5.00 May Be Added to Fees

36 This corporation has liability for intangible tax under s. 199.032, Florida Statutes
37 Yes
38 No

9. Name and Address of Current Registered Agent
SMITH, DAVID
4056 NW 90TH AVENUE
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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
4-10-97

12. OFFICERS AND DIRECTORS
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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE
4-10-97 954 7967333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (9/96)