FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address 228 HILLCREST STREET

ORLANDO FL 32801-1212

Suite, Apt. #, etc.

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business

2. Principal Place of Business

Suite, Apt #, etc

228 HILLCREST STREET

ORLANDO FL 32801



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

28. Mailing Address 26. 720 S. Chickasaw TRALL

DOCUMENT # P96000090360 (4)

KLARK KENT PRODUCTIONS, INC.

City & State)	City & State 28 () RIANDO P	-Z			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees										
23 Zip	Country	28 7 20 7	Count			8. This corporation has liability for inte	····										
24	25	29 32825	30 U	15	,	Florida Statutes Yes No											
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regis	tered A	gent									
	EZ, KLARK JAY		8	31	Name												
	HILLCREST STREET		8	32	Street Addr	ress (P.O. Box Number is Not Acceptable)											
ORLA	NDO FL 32801		8	33	·····												
			-	_	-			11 -: 7									
			8	84	City		FL	85 Zip (Jode								
office or re		Florida. Such change was	authorized	by t		poration submits this statement for the pur tion's board of directors. I hereby accept t											
SIGNATURE		(1)0	TE Described			red when reinstating)	DATE										
12.	Signature, typied or printed name of egg wread agent OFFICERS AND		13.	- Ageni	signature requir	ADDITIONS/CHANGES TO OFFICER		DIRECTOR	S IN 12								
TITLE	P	☐ DELETE	1.1 TITL	JE.				Change	Addition								
NAME	PEREZ, KLARK JAY		1.2 NAM	ИE													
STREET ADDRESS	228 HILLCREST STREET		1.3 STRI	EET A	ODRESS				1								
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY	Y~\$1-	- ZIP												
TITLE		☐ DELETE	2.1 TITL	.H:				Change	Addition								
NAME			2.2 NAM	Æ													
STREET ADDRESS			2.3 STRI	EET A	ODRESS												
CHTY-ST-ZIP			2. 4 CfT	∨-\$T	- ZIP												
TITLE		DELETE	3.1 TITL	.F.				L Change	☐ Addition								
NAME			3.2 NAM	∤ E													
STREET ADDRESS			. 33 STAI	EET A	ADDRESS												
CITY - ST - ZIP			3.4. CIT		·ZIP												
TULE		☐ DELETE	41 TITL					Change	Addition								
NAME			4. 2 NAM														
STREET ADDRESS					ADDRESS												
CITY-ST-7IP		DELĒTE	4.4 CITY 5.1 TITL		- 7IP			Change	Addition								
TITLE		C OUTCIL	5.2 NAM					L.J Glidings	Addition								
NAME					ADDRESS												
STREET ADDRESS			5.4 CITY														
DITY-SI-ZIP TIFLE		☐ DELETE	6.1 TOL		· ZII			Change	Addition								
NAME			6.2 NAM														
STREET ADDRESS					ADDRESS												
CITY - S1 - ZIP			6.4 CITY														
14. I do hereb	in indicated on this annual corors of sur	optemental annual report is ne receiver or trustee empor on an attachment with an ac	lify for the e	exen cour kecu	nption stated rate and that ite this repor	d in Section 119.07(3)(i), Florida Statutes, t my signature shall have the same legal ert as required by Chapter 607, Florida Statutes	iffect as	: if made una	der oath∵that l								

FILED Jan 14 1997 8:00am Secretary of State

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3. Date Incorporated or Qualified

5. Certificate of Status Desired

11/01/1996 4. FEI No.

3a. Date of Last Report

Applied For Not Applicable

\$8.75 Additional

Fee Required