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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000076286

1. Corporation Name

KAISER PRODUCTIONS, INC.

Princ	cipal	Pla	ce	of	Business
7676	CIM	156	e1	-	

Mailing Address

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90070 039 \*\*\*150.00



7575 SW 156 ST MIAMI FL 33157		7575 SW 156 ST MIAMI FL 33157				DO NOT WRITE IN THIS SPACE					
						3. Date incorporated or Qualifed 09/02/1997		JI AOL			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			App	lied For	
21		26				65-0778678			Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•		dditional	
22		27				3. Certificate of Status Desired	<u> </u>	F	ee Rec	luired	
City & State	е	City & State				Election Campaign Financing     Trust Fund Contribution		•	.00 I	May Be Fees	
Zip	Country 25	Zip 29 3	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax. ☑Yes ☐ No					
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent			
			8	1	Name					·	
RASSNER, WAYNE H 7700 N KENDALL DR, SUITE 510			8.	2	Street Addre	dress (P.O. Box Number is Not Acceptable)					
MIAN	/II FL 33156		8:	3							
			8-	4	City		FI	85	Zip C	ode	
office or re agent. I a	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligations.	e of Florida. Such change was au	thorized b	y tr	named corpo ne corporation	ration submits this statement for the p n's board of directors. I hereby accept	urpose of c the appoin	:hangi tment	ng its r as reg	egistered ( istered {	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Ag	ent s	signature required	when reinstating)	DATE				
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIR	CTO	RS IN 12	
TITLE	PD	☐ DELETE	1,1 TITLE					Ch	ange	☐ Addition	
NAME	KAISER, JEFFREY L		1.2 NAME	E						-	
STREET ADDRESS	7575 SW 156 ST		1.3 STRE	ETA	DDRESS					j	
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-	ST-2	ZI₽						
TITLE	STD	☐ DELETE	2.1 TITLE					□ Ch	ange	☐ Addition	
NAME	KAISER, DOROTHY M		2.2 NAME	Ē		5				ĺ	
STREET ADDRESS	7575 SW 156 ST		2.3 STRE	ETA	DDRESS	<u></u>	., •			ŀ	
CITY-ST-ZIP	MIAMI FL 33157		2. 4 CITY	-51-	ZIP						
TITLE		☐ DELETE	3.1 TITLE		ļ			Ch	ange	☐ Addition )	
NAME			3.2 NAME	E							
STREET ADDRESS			3.3 STRE	EΤΑ	UDDRESS						
CITY-ST-ZIP			3.4. CITY	ST-	ZIP						
TITLE		☐ DELETE	4.1 TITLE	Ė				Ch	ange	☐ Addition	
NAME			4. 2 NAM	Ε						ļ	
STREET ADDRESS			4.3 STRE	ETA	ODRESS					-	
CITY-ST-ZIP			4 4 CITY-	ST-	ZIP						
TITLE		☐ DELETE	5.1 TITLE					□ Ch	ange	☐ Addition	
NAME	•		5.2 NAME								
STREET ADDRESS			5.3 STRE							1	
CITY-ST-ZIP			5.4 CITY-		ZIP						
TITLE	·	☐ DELETE	6.1 TITLE					Ch	ange	Addition	
NAME			6.2 NAME	E							
STREET ADDRESS			6.3 STRE	ETA	NDORESS						

14. I 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, with all other like empowered.

SIGNATURE: