

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S19734 (0)**
1. Corporation Name
ROB/HARRIS PRODUCTIONS, INC.



Principal Place of Business: **705 S. PACKWOOD AVENUE TAMPA FL 33606**
Mailing Address: **705 S. PACKWOOD AVENUE TAMPA FL 33606**

2. Principal Place of Business
21 **3012 Sitios Ave**
Suite, Apt #, etc.
22
City & State
23 **Tampa, FL**
Zip Country
24 **33629 USA**

2a. Mailing Address
26 **P.O. Box 15721**
Suite, Apt #, etc.
27
City & State
28 **Tampa, FL**
Zip Country
29 **33684 USA**

3. Date Incorporated or Qualified: **12/17/1990**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-3040984**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HARRIS, LEWIS
705 S. PACKWOOD AVENUE
TAMPA FL 33606**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **3012 Sitios Ave**
83
84 City: **Tampa** FL 85 Zip Code: **33629**

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: _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, LEWIS	1.2 NAME	
STREET ADDRESS	705 S. PACKWOOD AVENUE	1.3 STREET ADDRESS	3012 Sitios Ave
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOVARNICK, BOB	2.2 NAME	
STREET ADDRESS	705 S. PACKWOOD AVENUE	2.3 STREET ADDRESS	3012 Sitios Ave
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 if changed, or on an attachment with an address.

SIGNATURE: **LEWIS HARRIS, PRESIDENT** 6/28/96 (813) 258-4061
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)