

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State  
OFFICE OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1995 7-2495

B-7905

95 JUL 24 AM 10:06

DOCUMENT # **S34470** (2)  
1. Corporation Name  
**FLAMINGO PRODUCTIONS INTERNATIONAL, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
~~2033 ADAMS ST.  
HOLLYWOOD FL 33020~~ ~~2033 ADAMS ST.  
HOLLYWOOD FL 33020~~

12 MIMOSA TRAIL  
ORMOND BEACH, FL 32174

3. Date Incorporated or Qualified **02/27/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 26. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 25. Country 29. Country 30. Country

4. FEI Number **65-0246242** 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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

~~NYE, KIMBERLY~~ **KIMBERLY NYE ZEISS**  
~~2033 ADAMS ST.~~ **12 MIMOSA TRAIL**  
~~HOLLYWOOD FL 33020~~ **ORMOND BEACH, FL**  
**32174**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
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 *Kimberly Nye Zeiss* DATE **7/18/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>
NAME	<b>NYE, KIMBERLY</b>
STREET ADDRESS	<b>2033 ADAMS ST.</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KIMBERLY NYE ZEISS</b>
1.3 STREET ADDRESS	<b>12 MIMOSA TRAIL</b>
1.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kimberly Nye Zeiss* DATE: **6/5/95** **202-362-3027**