

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S43059** (2)

1. Corporation Name

KEY PICTURES, INC.



Principal Place of Business

**1918 BAY ROAD
SARASOTA FL 34239
US**

Mailing Address

**1918 BAY ROAD
SARASOTA FL 34239
US**

3. Date Incorporated or Qualified
04/03/1991

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

21 **4441-B So. TAMiami TRAIL**

2a. Mailing Address

26 **4441-B So. TAMiami TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **SARASOTA FL**

City & State

28 **SARASOTA FL**

Zip

24 **34231**

Country

25 **USA**

Zip

29 **34231**

Country

30 **USA**

4. FEI Number
65-0253845

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

10. Name and Address of New Registered Agent

**CHRISTIANSEN, DEHNER & WATTS, P.A.
700 SARASOTA QUAY
SARASOTA FL 34236**

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

Signature typed or printed name of registered agent

NOTE: Registered Agent signature required for filing

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **FRIEDMAN, ELLY**
STREET ADDRESS **4857 PRIMROSE PATH**
CITY-ST-ZIP **SARASOTA FL**

TITLE **V** ☐ DELETE

NAME **FRIEDMAN, ISADORE**
STREET ADDRESS **4857 PRIMROSE PATH**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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:

Elly Friedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941/922-2472
Date of Filing

CR2E034 (12/95)