

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 15 11 09:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S51548** (3)
1. Corporation Name
K.V.G. PRODUCTIONS, INC.

Principal Place of Business: **9 SOUTH HYER AVENUE ORLANDO FL 32801 US**
Mailing Address: **9 SOUTH HYER AVENUE ORLANDO FL 32801 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/03/1991**
3a. Date of Last Report: **07/29/1994**
4. FEI Number: **59-3066338**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. This corporation has voluntarily changed its name under Florida Statutes: Yes No

2. Principal Place of Business: **21**
26. Mailing Address: **26**
3. Suite, Apt. #, etc.: **22**
3. City & State: **23**
24. City: **24**
25. State: **25**
29. City: **29**
30. State: **30**

9. Name and Address of Current Registered Agent
**GRANT, KEN
9013 SPENCE COURT
GOTHA FL 34734**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 City: _____
B4 City: **FL** B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0507 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 607.0507, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01.01 NAME D GRANT, VALERIE 9013 SPENCE CT. GOTHA FL		01.01 NAME D GRANT, VALERIE 9013 SPENCE CT. GOTHA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01.02 NAME D GRANT, KEN 9013 SPENCE CT. GOTHA FL		01.02 NAME D GRANT, KEN 9013 SPENCE CT. GOTHA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01.03 NAME D GRANT, KEN 9013 SPENCE CT. GOTHA FL		01.03 NAME D GRANT, KEN 9013 SPENCE CT. GOTHA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01.04 NAME D GRANT, KEN 9013 SPENCE CT. GOTHA FL		01.04 NAME D GRANT, KEN 9013 SPENCE CT. GOTHA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01.05 NAME D GRANT, KEN 9013 SPENCE CT. GOTHA FL		01.05 NAME D GRANT, KEN 9013 SPENCE CT. GOTHA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01.06 NAME D GRANT, KEN 9013 SPENCE CT. GOTHA FL		01.06 NAME D GRANT, KEN 9013 SPENCE CT. GOTHA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01.07 NAME D GRANT, KEN 9013 SPENCE CT. GOTHA FL		01.07 NAME D GRANT, KEN 9013 SPENCE CT. GOTHA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01.08 NAME D GRANT, KEN 9013 SPENCE CT. GOTHA FL		01.08 NAME D GRANT, KEN 9013 SPENCE CT. GOTHA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.17(1)(b), 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. 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Valerie Grant*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

5/8/95 (407) 245-7744
TALLAHASSEE, FLORIDA