

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **05/03/1991**
3a. Date of Last Report: **05/16/1995**
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Sub- Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Sub- Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**GRANT, KEN
9013 SPENCE COURT
GOTHA FL 34734**

10. Name and Address of New Registered Agent

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

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 607.0601, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11a. TITLE	D	<input type="checkbox"/> DELETE
11b. NAME	GRANT, VALERIE	
11c. STREET ADDRESS	9013 SPENCE CT.	
11d. CITY-STATE-ZIP	GOTHA FL	
11e. TITLE	D	<input type="checkbox"/> DELETE
11f. NAME	GRANT, KEN	
11g. STREET ADDRESS	9013 SPENCE CT.	
11h. CITY-STATE-ZIP	GOTHA FL	
11i. TITLE		<input type="checkbox"/> DELETE
11j. NAME		
11k. STREET ADDRESS		
11l. CITY-STATE-ZIP		
11m. TITLE		<input type="checkbox"/> DELETE
11n. NAME		
11o. STREET ADDRESS		
11p. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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: *Ken Grant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-98 407 245 7744
DATE DAYTIME PHONE #

CR2E034 (12/95)