

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Kendra B. Northern  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S 85377

1. Corporation Name

Maxzacka Productions

Principal Place of Business

Mailing Address

Maxzacka Productions  
c/o The Greystone Group  
678 Front Street, N. W. Ste 150  
Grand Rapids, MI 49504

600001490126

-05/17/95--01024--021

\*\*\*200.00 \*\*\*200.00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Maryland

26 Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

10/07/91

3a. Date of Last Report

05/01/94

4. FEI Number

65-0286690

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

7. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☐ No

8. Name and Address of Current Registered Agent

Mary D. Fisher  
920 North Lake Way  
Palm Beach, FL 33480

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 607.0602 and 607.1506, 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. Each change is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as, Section 607.0602, Florida Statutes.

SIGNATURE

Mary D. Fisher

Registered Agent signature required when resigning

5/1/95

12.

OFFICERS AND DIRECTORS

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

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 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 registered agent employed by the corporation to prepare the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 # Changes. Or, as an attached document, will an officer or director of the corporation or the registered agent employed by the corporation to prepare the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 # Changes.

SIGNATURE:

Mary D. Fisher

5/1/95