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 # **V00254** **(5)**

1. Corporation Name
DREAM PRODUCTIONS, INC.

Principal Place of Business
6011 SE MARTINIQUE DR
BLD 15 APT. 202
STUART FL 34997
US

Mailing Address
6011 SE MARTINIQUE DR.
BLD. 15. APT. 202
STUART FL 34997
US

3. Date Incorporated or Qualified: 12/10/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 2032 GIFFEN AVE
Suite, Apt. #, etc.
22
City & State
23 PORT ST LUCIE FL
Zip 24 34952 Country 25 USA

2a. Mailing Address
26 2032 GIFFEN AVE
Suite, Apt. #, etc.
27
City & State
28 PORT ST LUCIE FL
Zip 29 34952 Country 30 USA

4. FEI Number: 65-0316765 ☐ 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
SCHIFANELLI, JOYCE CAROL
~~6011 SE MARTINIQUE DR~~
~~BUILDING 15, APT. 202~~
~~STUART FL 34997~~

10. Name and Address of New Registered Agent
81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 2032 GIFFEN AVE
83
84 City: PORT ST LUCIE FL 85 Zip Code: 34952

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 and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SCHIFANELLI, PAUL	
STREET ADDRESS	6011 SE MARTINIQUE DR., BLDG. 15, APT. 202	
CITY-ST-ZIP	STUART FL	
TITLE	VD	☐ DELETE
NAME	SCHIFANELLI, JOYCE CAROL	
STREET ADDRESS	6011 SE MARTINIQUE DR., BLD. 15, APT. 202	
CITY-ST-ZIP	STUART 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	SAME	☐ Change ☐ Addition
1.2 NAME	SAME	
1.3 STREET ADDRESS	2032 GIFFEN AVE	
1.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
2.1 TITLE	SAME	☐ Change ☐ Addition
2.2 NAME	SAME	
2.3 STREET ADDRESS	2032 GIFFEN AVE	
2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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: Joyce Schifanelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 — Date
407-398-1348 — Daytime Phone #

CR2E034 (12/95)