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

2. Principal Place of Business	2a. Mailing Address
21 2032 GIFFEN AVE	26 2032 GIFFEN AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PORT ST LUCIE FL	28 City & State: PORT ST LUCIE FL
24 Zip: 34952 25 Country: USA	29 Zip: 34952 30 Country: USA

3. Date Incorporated or Qualified: 12/10/1991

3a. Date of Last Report: 05/01/1995

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	10. Name and Address of New Registered Agent
SCHIFANELLI, JOYCE CAROL ~~6011 SE MARTINIQUE DR~~ ~~BUILDING 15, APT. 202~~ ~~STUART FL 34997~~	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	SAME	☐ Change ☐ Addition
NAME	SCHIFANELLI, PAUL		1.2 NAME	SAME	
STREET ADDRESS	6011 SE MARTINIQUE DR., BLDG. 15, APT. 202		1.3 STREET ADDRESS	2032 GIFFEN AVE	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	VD	☐ DELETE	2.1 TITLE	SAME	☐ Change ☐ Addition
NAME	SCHIFANELLI, JOYCE CAROL		2.2 NAME	SAME	
STREET ADDRESS	6011 SE MARTINIQUE DR., BLD. 15, APT. 202		2.3 STREET ADDRESS	2032 GIFFEN AVE	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 4/27/96 407-398-1348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #