FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V22394

(3)

TAUBENSLAG PRODUCTIONS, INC.

FILED Feb 25 1997 8:00am Secretary of State

1 18 B to B 11 B 18 11 B 18	0.888 0008 11	AND AND BUILDINGS	
		B!!! #18! #18!! #!!!	
		8! 8 3 	

Principal Place of Business Mailing Address				E 38061 MITMIN JONAN TEAM BOOM ABELL ALD.	E 380ti Mildife jillife trafe tribia ilbitt dillit dillit dillit andit angit angit angit angit angit angit angit				
357 BENNINGTON LN 357 BENNINGTON LN LAKE WORTH FL 33467 LAKE WORTH FL 33467-3009									
LAKE WORTH I	FL 33467	LAKE WORTH	FL 33467-3008						
						3. Date Incorporated or Qualified 03/19/1992	3a. Date 02/27	of Last Re /1996	eport
2. Principal Pl	ace of Business	2a. Mailing Ad	ddress	• • • • • • • • • • • • • • • • • • • •		4. FEI Number		Ap	plied For
21		26			***************************************	65-0326190			t Applicable
Suite, Apt	#, etc.	Suite, Apt	. #, etc.			5. Certificate of Status Desired		\$8.75 /	
22		27						Fee Re	
City & State		₁	City & State			6. Election Campaign Financing		\$5.00	
23	Country	28] Zip	·	Country		Trust Fund Contribution		Added t	
Zip	25	29	30	Country		This corporation has liability for Florida Statutes		x unders. No	199.032,
24	9. Name and Address of Curre					10. Name and Address of New Re			
FILIN	NGS, INC.			81	Name				
	NW 16TH ST			82	Ctroot A	ddress (P.O. Box Number is Not Acceptal	alo)		
	AUDERDALE FL 33311			82	Street At	ddress (P.O. Box Number is Not Acceptal	נטוני		
				83	· ····································				
				84	City			65 7in (Code
				54	City		FL	85 Zip (,,oue
11. Pyrsuant t	to the provisions of Sections 607.05	02 and 607.1508, FI	lorida Statutes, t	he above	-named c	orporation submits this statement for the	ourpose of cl	hanging it	s registered
office of n agent. Lai	egistered agent, or both, in the Stat m familiar with, and accept the obliç	e of Florida, Such cr gations of, Section 6	nange was autho 607.0505, Florida	orized by Statutes	r trie corpo S.	oration's board of directors. I hereby acce	ршие арроп	ilinent as	registered
SIGNATURE									
	Stignation, typed or printed nation of registered ag		(NOTE: Reg	•	int signature re	equired when reinstating)	DATE		
12.	D President	ND DIRECTORS	DELETE	13,		ADDITIONS/CHANGES TO OFFICE		Change	S IN 12 Addition
TITLE	-	L.	DEFEIF	11 TITLE			L	1 Change	L. Addition
NAME	TAUBENSLAG, ELLIOT 357 BENNINGTON LN			1.2 NAME					Ì
STREET ADDRESS	LAKE WORTH FL			1.3 STREET	ì				
CITY+S1+7IP TILLE	D Sect Treas.		DELETE	1.4 CITY - S 2.1 TITLE	1-ZIP			Change	Addition
	TAUBENSLAG, MYRNA	bm	, beech	22 NAME			_		
NAME STREET ADDRESS	357 BENNINGTON LN			23 STREET	Annaecc				
CITY - S1 - ZIP	LAKE WORTH FL			2. 4 CITY-	1				
TILE			DELETE	3.1 TITLE	J. L.			Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
City - \$1 - 7IP				3.4. CITY-5	ST-ZIP				
TITLE		C.	DELETE	4.1 TITLE				Change	Addition:
NAMÉ			1	4. 2 NAME					
STREET ADORESS				4.3 STREET	ADDRESS				į
CITY - \$1 - ZIP				4.4 CITY - S	37 - ZIP				
TITLE			DELETE	5.1 TITLE				Change	Addition
NAM5				5.2 NAME	l				
STREET ADDRESS				5.3 STAEFT	ADDRESS				
City - S1 - ZIP				5.4 CITY - S	T · ZIP			1	—
TITLE			DELETE	6.1 TITLE]		L	_] Change	Addition
NAME				6.2 NAME	.				
STREET ADDRESS				63 STREET	ADDRESS				
CHY-ST-ZIP		Contraction and the		6.4 CITY-S		ated in Section 110 07/37(i) Florida Statute		ortific the	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 ham 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

SULISH AND CHISCOPY OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

2/15 /97 6241-9431