

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

FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V35904

(4)

1. Corporation Name:

JOHN JOHN PRODUCTIONS, INC.



Principal Place of Business
**578 NORTH ORANGE AVENUE
ORLANDO FL 32803**

Mailing Address
**578 NORTH ORANGE AVENUE
ORLANDO FL 32801-1341**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

26. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/08/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0340065

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

**KEATING JOHN KINGMAN
916 NORTH HIGHLAND AVENUE
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name

JAN HAROLD

82 Street Address (P.O. Box Number is Not Acceptable)

1312 HERON DR

83

ORLANDO FLA

84 City

85

Zip Code

FL

32803

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: Type the printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	CPD	<input checked="" type="checkbox"/> DELETE
NAME	MARSA, JON	
STREET ADDRESS	578 N ORANGE AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	CTD	<input type="checkbox"/> DELETE
NAME	MARTIN, CAPRICE	
STREET ADDRESS	578 N ORANGE AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MARSA, JON	
STREET ADDRESS	578 N ORANGE AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAN HAROLD
1.3 STREET ADDRESS	1312 HERON DR
1.4 CITY - ST - ZIP	ORLANDO FLA 32803
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAPRICE MARTIN
2.3 STREET ADDRESS	1831 WHITE WOOD DR
2.4 CITY - ST - ZIP	ORLANDO FLA 32803
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407
1-5-97 894-6002

CR2E034 (9/96)