

**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 # **V52516 (4)**  
1. Corporation Name  
**DPK PRODUCTIONS, INC.**



Principal Place of Business: **201 PARK PLACE SUITE 101 ALTAMONTE SPRINGS FL 32701 US**  
Mailing Address: **201 PARK PLACE SUITE 101 ALTAMONTE SPRINGS FL 32701 US**

3. Date Incorporated or Qualified: **07/22/1992** 3a. Date of Last Report: **04/17/1995**  
4. FEI Number: **59-3137037** 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

21. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country  
22. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country  
23. City & State; Zip; Country  
24. City & State; Zip; Country

**9. Name and Address of Current Registered Agent**

**DUNEGAN, STEPHEN D.  
390 N. ORANGE AVE.  
SUITE 1650  
ORLANDO FL 32801**

**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 607.0502 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 of principal place of business registered agent as this applies

(Date) Signature of new registered agent as this applies

(Date)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>KIRCHMAN, DEANNA P.</b>	
STREET ADDRESS	<b>201 PAK PLACE, SUITE 101</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRNGS FL</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>DPVST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>KIRCHMAN, DEANNA P.</b>	
13 STREET ADDRESS	<b>201 PARK PLACE, SUITE 101</b>	
14 CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>800001853148</b>	
63 STREET ADDRESS	<b>-06/06/96--01028--015</b>	
64 CITY-ST-ZIP	<b>***200.00</b>	

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 in an appointment with an address.

SIGNATURE:

, President

(407) 831-2187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deanna P. Kirchman

CR2E034 (12/95)

5/19/96