

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V54091** (6)

1. Corporation Name

RUSSELL JOSEPH STUDIO, INC.



Principal Place of Business

**284 SW 14TH STREET
POMPANO BEACH FL 33060**

Mailing Address

**284 SW 14TH STREET
POMPANO BEACH FL 33060**

3. Date Incorporated or Qualified

07/22/1992

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Subst. Apt. #, etc.

Subst. Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

g. Name and Address of Current Registered Agent

**DALE, CHARLES JR
414 N.E. 4TH STREET
FT. LAUDERDALE FL 33301**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0532 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 the person submitting this report, or the registered agent, or both, is required.)

(If the Registered Agent signature is required when registering, it must be included.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	P			☐ DELETE			
	STETTNER, RUSSELL JOSEPH						
	284 S.W. 14TH ST.						
	POMPANO BEACH FL 33060						
	VP			☐ DELETE			
	DOWNES, WAYNE						
	3200 PORT ROYALE #903						
	FT. LAUDERDALE FL 33308						
	ST			☐ DELETE			
	STETTNER, CAROL ANN						
	284 S.W. 14TH STREET						
	POMPANO BEACH FL 33060						
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP
				☐ Change	☐ Addition		
				☐ Change	☐ Addition		
				☐ Change	☐ Addition		
				☐ Change	☐ Addition		
				☐ Change	☐ Addition		
				☐ Change	☐ Addition		
				☐ Change	☐ Addition		

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:

[Signature] SECRETARY/TREASURER 2/7/96 305-782-5806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)