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 # **V56039** **(3)**

1. Corporation Name
ENVISION STUDIOS, INC.

Principal Place of Business
6818 NW 20TH AVE
FT LAUDERDALE FL 33309

Mailing Address
6818 NW 20TH AVE
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: **08/03/1992**
3a. Date of Last Report: **06/27/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **65-0350708** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X **$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 X No

9. Name and Address of Current Registered Agent

KILTOK, IRA
7522 WILES RD
SUITE 210
CORAL SPRINGS FL 33067

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	C D P	X Change ☐ Addition
NAME	MALDEN, BRETT		1.2 NAME	MALDEN, BRETT	
STREET ADDRESS	6818 NW 20TH AVE		1.3 STREET ADDRESS	6818 NW 20TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	DVS	☐ DELETE	2.1 TITLE	D	☐ Change X Addition
NAME	WORKOWSKI, KEITH		2.2 NAME	CARSON, TOM	
STREET ADDRESS	6818 NW 20TH AVE		2.3 STREET ADDRESS	6818 N.W. 20th. AVE	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STACEY, MICHAEL		3.2 NAME		
STREET ADDRESS	6818 NW 20TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WORKOWSKI, KEITH		4.2 NAME		
STREET ADDRESS	6818 NW 20TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		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		

CR2E034 (12/95)

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)(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 added above or on an attachment with an address.

SIGNATURE: _____ BRETT MALDEN President/CEO 4/22/96 (954) 970-9511 Ext: 10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number