

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V64656** (4)

1. Corporation Name

TRITHEDRAL PICTURES, INC.

Principal Place of Business

**450 WEST BRIAR
APARTMENT 12A
CHICAGO FL 60657
US**

Mailing Address

**JEFFREY P. AGRON, ESQUIRE
201 S BISCAYNE BLVD. #900
MIAMI FL 33131-2867
US**

95 APR 25 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/14/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0386581** 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

**AGRON, JEFFREY P
201 S BISCAYNE BLVD
STE 900
MIAMI FL 33131**

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT		1.1 TITLE	☒ Change	☐ Addition
NAME	AGRON, ROBIN		1.2 NAME		
STREET ADDRESS	4060 N SHERIDAN RD #3-N		1.3 STREET ADDRESS	1461 West Catalpa Ave.	
CITY - ST - ZIP	CHICAGO-IL		1.4 CITY - ST - ZIP	Chicago, IL 60640	
TITLE	DP		2.1 TITLE	☐ Change	☐ Addition
NAME	ANDRZEJEWSKI, STEPHEN		2.2 NAME		
STREET ADDRESS	450 W BRIAR, #12A		2.3 STREET ADDRESS		
CITY - ST - ZIP	CHICAGO IL		2.4 CITY - ST - ZIP		
TITLE	DS		3.1 TITLE	☐ Change	☐ Addition
NAME	DRAGOVAN, WILEEN		3.2 NAME		
STREET ADDRESS	1748 N WOLCOTT		3.3 STREET ADDRESS		
CITY - ST - ZIP	CHICAGO IL		3.4 CITY - ST - ZIP		
TITLE			4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE			5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE			6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

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 110.07(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:

Robyn Agron, Director

1/23/95

312-907-8998