

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 # **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**

3. Date Incorporated or Qualified
09/14/1992

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26 **JEFFREY AGRON**

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 **6141 S.W. 85TH ST.**

23 City & State

28 **SOUTH MIAMI, FL**

24 Zip

25 Country

29 Zip

30 Country

33143 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81

Name **JEFFREY P. AGRON**

82

Street Address (P.O. Box Number is Not Acceptable)
6141 S.W. 85TH STREET

83

84

City **SOUTH MIAMI** **FL** Zip Code **33143**

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 implications of, Section 607.0505, Florida Statutes.

SIGNATURE

JEFFREY P. AGRON *Jeffrey P. Agron* **5-9-96**

(Signature, by 23 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** ☐ DELETE
NAME **AGRON, ROBIN**
STREET ADDRESS **1461 WEST CATAPALA AVE**
CITY-ST-ZIP **CHICAGO IL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE
NAME **ANDRZEJEWSKI, STEPHEN**
STREET ADDRESS **450 W BRIAR, #12A**
CITY-ST-ZIP **CHICAGO IL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **DRAGOVAN, WILEEN**
STREET ADDRESS **1748 N WOLCOTT**
CITY-ST-ZIP **CHICAGO IL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/96
Date

312/907-8998
Daytime Phone #

CR2E034 (12/95)