

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

APPROVED
AND
FILED

1996 OCT 10 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 166498

1. Corporation Name

WACKY WORLD PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

4112 BRENTWOOD PARK CIRCLE
TAMPA, FL 33624

800001974518-3
-10/15/96-01157-028
****233.75 ****233.75

2. Principal Place of Business

2a. Mailing Address

21 4112 BRENTWOOD PARK CIRCLE
Suite, Apt. #, etc.

26 SAME
Suite, Apt. #, etc.

City & State

City & State

23 TAMPA, FLORIDA

28 TAMPA
FLORIDA

Zip

Country

Zip

Country

24 33624

25 Hillsborough

29 33624

30 Hillsborough

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

9/24/92

4. FEI Number

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

10. Name and Address of New Registered Agent

BRUCE E. BARRY
4112 BRENTWOOD PARK CIRCLE
TAMPA, FLORIDA 33624

81 Name

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

83

84 City

FL

85 Zip Code

Pursuant to the provisions of Sections 607.03(2) 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 believe in the qualifications of, the person or persons named in this statement.

SIGNATURE

(NOTE: Registered Agent signature required when re-registering)

5/10/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: BRUCE E. BARRY ☐ DELETE
NAME: PRESIDENT
STREET ADDRESS: 4112 BRENTWOOD PARK CIRCLE
CITY-STATE-ZIP: TAMPA, FLORIDA 33624

1.1 TITLE: VICE PRESIDENT ☐ Change ☒ Addition
1.2 NAME: VIVIAN RODENAS
1.3 STREET ADDRESS: 4112 BRENTWOOD PARK CIRCLE
1.4 CITY-STATE-ZIP: TAMPA, FL 33624

TITLE: VICE PRESIDENT ☐ DELETE
NAME: VIVIAN RODENAS
STREET ADDRESS: 4112 BRENTWOOD PARK CIRCLE
CITY-STATE-ZIP: TAMPA, FLORIDA 33624

2.1 TITLE: PRESIDENT ☒ Change ☐ Addition
2.2 NAME: BRUCE E. BARRY (address)
2.3 STREET ADDRESS: 4112 BRENTWOOD PARK CIRCLE
2.4 CITY-STATE-ZIP: TAMPA, FL 33624

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE

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

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE

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

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE

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

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE

6.1 TITLE: ☐ Change ☐ Addition
6.2 NAME: ☐ Change ☐ Addition
6.3 STREET ADDRESS: ☐ Change ☐ Addition
6.4 CITY-STATE-ZIP: ☐ 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 or Block 14 or on an addition or deletion.

SIGNATURE:

PRINT NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR

BRUCE E. BARRY PRESIDENT

Date

Daytime Phone #

5/10/96

813-960-4896

CR2E034 (12/95)