

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V66986**

(3)

1. Corporation Name

KING RICHARD'S HALLOWEEN, INC.



Principal Place of Business

**C/O BRUCE ZALMAN
1330 PARKSIDE CIRCLE
BOCA RATON FL 33486**

Mailing Address

**C/O BRUCE ZALMAN
1330 PARKSIDE CIRCLE
BOCA RATON FL 33486**

2. Principal Place of Business

21 State, Apt., etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt., etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

09/28/1992

3a. Date of Last Report

04/06/1995

4. FEI Number

65-0358686

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

9. Name and Address of Current Registered Agent

**ZALMAN, BRUCE
1330 PARKSIDE CIRCLE
BOCA RATON FL 33486**

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 607.1505, 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. Thereby accept the appointment as registered agent, I am

SIGNATURE

Signature of Registered Agent or New Registered Agent

Signature of Agent or Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

**P
ZALMAN, BRUCE
1330 PARKSIDE
BOCA RATON FL**

☐ DELETE

**D
SMALL, RICHARD
104 WOODMONT BLVD
NASHVILLE FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE ☐ Change ☐ Addition

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

14. I do hereby certify that the information supplied in 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 included 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:

BRUCE ZALMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-96 407-394-2900
Date Phone

CR2E034 (12/95)