FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED AND FILED

95 MAY 10 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V67735 (3)

1. Entity Name
DAVIDOFF STUDIOS, INC.

Principal Place of Business
220 SUNRISE AVE.
SUITE A
PALM BEACH FL 33480

Mailing Address
220 SUNRISE AVE.
SUITE A
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1992
3a. Date of Last Report: 05/18/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or Other — 22
Suite, Apt. # or Other — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: 65-0362108
Annual Fee
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

MOSCH, GLORIA
220 SUNRISE AVE.
SUITE A
PALM BEACH FL 33480

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 Section 607.1005 and 607.1506 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. The 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 duties of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	D
Name	DAVIDOFF, ROBERT
Address	220 SUNRISE AVE., #A
City-State-Zip	PALM BEACH FL
Title	D
Name	DAVIDOFF, SARA
Address	220 SUNRISE AVE., #A
City-State-Zip	PALM BEACH FL
Title	
Name	
Address	
City-State-Zip	
Title	
Name	
Address	
City-State-Zip	
Title	
Name	
Address	
City-State-Zip	
Title	
Name	
Address	
City-State-Zip	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

Title ☐ Change ☐ Addition
Name
Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Address
City-State-Zip

14. I declare I 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 1, or Block 12, or in an attachment with an address.

SIGNATURE: Sara Davidoff
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR

Sara Davidoff

5/3/95
Date

407-655-1164
Daytime Phone #

027B073 CP