

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 # 243589 (9)
1. Corporation Name
JERRY GRANT PRODUCTIONS, INC.

FILED

95 JAN 25 PM

SECRETARY OF STATE
TALLAHASSEE, FL

Principal Place of Business
4848 SHERIDAN STREET
HOLLYWOOD FL 33021

Mailing Address
4848 SHERIDAN STREET
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
01/09/1961
3a. Date of Last Report
03/11/1994
4. FEI Number
59-0912989
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANT, JERRY
4848 SHERIDAN STREET
HOLLYWOOD FL 33021

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITL
NAME
STREET ADDRESS
CITY-ST-ZIP
TITL
NAME
STREET ADDRESS
CITY-ST-ZIP
TITL
NAME
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CITY-ST-ZIP
TITL
NAME
STREET ADDRESS
CITY-ST-ZIP
TITL
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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 110.07(3)(b), 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:

PEGGY E. GRANT
VP
PEGGY E. GRANT

1/18/95 (305) 961-3933