

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 30 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 359090 (8) 1. Corporation Name GOLD RUSH PRODUCTIONS, INC.					
Principal Place of Business 711 CALATRAVA CORAL GABLES FL 33143			Mailing Address 711 CALATRAVA CORAL GABLES FL 33143		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/03/1970	
21		26		4. FEI Number 59-1288159	Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PROGRIS JIM 711 CALATRAVA AVENUE CORAL GABLES FL 33143				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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	
	PD	PROGRIS, JAMES A	711 CALATRAVA		
		CORAL GABLES FL			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	
	SVD	PROGRIS, JUANITA	711 CALATRAVA		
		CORAL GABLES FL			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		☐ Change ☐ Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		☐ Change ☐ Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		☐ Change ☐ Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		☐ Change ☐ Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		☐ Change ☐ Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		☐ Change ☐ Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

RECEIVED

1/15/98 (305)661-5447

CR2E034 (10/97)