

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

Amended
FILED

97 NOV -3 AM 10:39
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P95000074325
 1. Corporation Name
COMA PRODUCTION INDUSTRIES, INC

Principal Place of Business Mailing Address
1020 NW 6TH ST, Bldg H+I DEERFIELD BEACH, FL 33442 **1020 NW 6TH ST, Bldg H+I DEERFIELD BEACH, FL 33442**

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

3. Date Incorporated or Qualified 3a. Date of Last Report
9/26/95 **5/1/97**
 4. FEI Number Applied For
65-0622002 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
STEPHEN M. GOODMAN
1020 NW 6TH ST, Bldg H+I
DEERFIELD BEACH, FL 33442

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 607.1508, 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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
 TITLE DELETE
 NAME **PD**
 STREET ADDRESS **STEPHEN COLANGELO**
 CITY-ST-ZIP **1020 NW 6TH ST, Bldg H+I DEERFIELD BEACH, FL 33442**
 TITLE DELETE
 NAME **ST**
 STREET ADDRESS **Joy Mancuso**
 CITY-ST-ZIP **1020 NW 6TH ST, Bldg H+I DEERFIELD BEACH, FL 33442**
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **ST**
 2.3 STREET ADDRESS **Sherlene Hammett**
 2.4 CITY-ST-ZIP **1020 NW 6TH ST, Bldg H+I DEERFIELD BEACH, FL 33442**
 3.1 TITLE Change Addition
 3.2 NAME **VP**
 3.3 STREET ADDRESS **PAUL MANGIONE**
 3.4 CITY-ST-ZIP **1020 NW 6TH ST, Bldg H+I DEERFIELD BEACH, FL 33442**
 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

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14. I do hereby certify that the information supplied with this filing 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **STEPHEN COLANGELO, president** 1-800-984-2660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Page #)

CR2E034 (9/96)