

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749701** (9)

1. Corporation Name

TIGERTAIL PRODUCTIONS, INC.



Principal Place of Business	Mailing Address
842 NORTHWEST 9TH COURT MIAMI FL 33136	842 NORTHWEST 9TH COURT MIAMI FL 33136-3009

3. Date Incorporated or Qualified 11/07/1979	3a. Date of Last Report 01/24/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1968705	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		
25	30		

9. Name and Address of Current Registered Agent

**KRAMEL, JOHN
900 NW 7TH STREET ROAD
MIAMI FL 33136**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUFT, MARY	1.2 NAME	
STREET ADDRESS	842 NW 9TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUND, GARY	2.2 NAME	
STREET ADDRESS	6200 SW 63RD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEDDELL, WILLIAM	3.2 NAME	
STREET ADDRESS	847 NW 7TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, DAVID	4.2 NAME	
STREET ADDRESS	2820 TIGERTAIL AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, BRENDA	5.2 NAME	Williamson, Brenda
STREET ADDRESS	4109 WOODRIDGE	5.3 STREET ADDRESS	4109 Woodridge
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAMEL, JOHN	6.2 NAME	Smith, Linda M.
STREET ADDRESS	900 NW 7TH STREET ROAD	6.3 STREET ADDRESS	10250 Collins Ave #207
CITY-ST-ZIP	MIAMI FL 33136	6.4 CITY-ST-ZIP	Bal Harbour, FL

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Luft

3/11/97 3053244337

CR2E037 (9/96)