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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| (| JAL REPORT 1997 | Secretar | y of State ORPORATIONS | Secretary of State | | |
|---|--|--------------------------|--|---|---|--|
| i. Corporation | MENT # L289 R SCREEN COMPANY, | \ / | | | | |
| Principal Place of Business 1682 SW BILTMORE STREET PORT ST. LUCIE FL 34953 | | | Mailing Address 1682 SW BILTMORE STREET PORT ST. LUCIE FL 34984-3414 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | Date Incorporated or Qualified 11/09/1989 4. FEI Number | 3a. Date of Last Report 01/25/1996 Applied For | |
| 21 | | 26 | | 65-0165883 | Not Applicable | |
| Suite, Apt | #. etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | 0 | City & State | - Annual Control of Physics - Princes | 6. Election Campaign Financing | \$5.00 May Be | |
| [23] 7(0 | Country | 28 2 ip | Country | Trust Fund Contribution 8. This corporation has liability for i | Added to Fees | |
| 24] | 25 | 29 | 30 | Florida Statutes |] Yes □ No | |
| LIFE. | 9, Name and Address of (| Current Registered Agent | 81 Name | 10. Name and Address of New Re | glstered Agent | |
| NEWMAN, MICHAEL J. 1850 SW SUCCESS STREET | | | | ann ann an Aireann an | | |
| PT. ST. LUCIE FL 34953 | | | 82 Street Add | ress (P.O. Box Number is Not Acceptab | ole) | |
| | | | 83 | | | |
| | | | 84 City | <u> </u> | FL 85 Zip Code | |
| 11. Pursuant office or ragent 1 a | to the provisions of Socions 60 egistered agent, or both in the imitamihar with, and accept the Standard type of pointed name of right | | es, the above-named corpora juthorized by the corpora orida Statutes. Registered Agent signature requ | poration submits this statement for the p tion's board of directors. I hereby accep | ourpose of changing its registered of the appointment as registered | |
| 12. | | RS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | | |
| 101.1 | PO | DELETE | 1.1 TITLE | | Change Addition | |
| NAME: | NEWMAN, MICHAEL J 1850 SW SUCCESS STR | DEET | 1 2 NAME | · | | |
| STREET ADDRESS OUTY ST-70P | PT. ST. LUCIE FL 34953 | | 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | | | |
| tifet | VPO | DELETE | 2.1 TITLE | | Change Addition | |
| NAME | RICE, CRAIG | | 2.2 NAME | | | |
| STREET ACOURTESS | 3121 SE WAALER ST. STUART FL 34997 | | 2.3 STREET ADDRESS 2 4 HTY-ST-ZIP | | | |
| 100 31 2" - 4 | | DELETE | 3.11 (LE | | Change Addition | |
| NAM: |) | | 3.2 F-ME | | | |
| STEEL: ADURESS | | | 3.3 KEET ADORESS | | | |
| CHY SI 20F | | DELETE | 3.4. Y~ST~ZiP 4.1 E | | Change Addition | |
| NAMI | | ···· | 4. ME | | | |
| STREET ADDRESS | | | 4.3 REET ADDRESS | | | |
| TUTE | | DELETE | 4.4 .Y-ST-ZIP 5.1 TILE | | Change Addition | |
| NAME | | First section | 5.2 NAME | | F Annual F League | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| COY 51 70° | | En Pre | 5.4 CITY-\$T-ZIP | | | |
| MILE NAV: | | DELETE | 6.1 TITLE 6.2 NAME | | Change Addition | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| 6.15 65 46 | | | CARITY OF THE | | | |

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 it made under oath; that I am an officer or director of the opporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 of charged, or on an attantiment with an address. Michael J Newman 561-340-4393 4-3-97

SIGNATURE:

FILED

Apr 09 1997 8:00am

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