

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 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
--	---	---

DOCUMENT # **N96000001039 (4)**

1. Corporation Name

FLYNCH PRODUCTIONS, INC.



Principal Place of Business	Mailing Address
5111 ST. THOMAS PLACE ORLANDO FL 32808	POST OFFICE BOX 681233 ORLANDO FL 32868

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1996		3a. Date of Last Report	
21 2801 Hickory Cove Ct		26		4. FEI Number 59-3354577		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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. <input type="checkbox"/> Yes <input type="checkbox"/> No			
23 Orlando, Florida		28					
Zip		Country		Zip		Country	
24 32818		25 USA		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLYNCH, ROSE A 5111 ST. THOMAS PLACE ORLANDO FL 32808				81 Name Rose A. Flynych			
				82 Street Address (P.O. Box Number is Not Acceptable) 2801 Hickory Cove Court			
				83			
				84 City Orlando			
				85 Zip Code FL 32818			

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		<input type="checkbox"/> DELETE		1.1 TITLE	P/S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				1.2 NAME	Rose A. Flynych		
STREET ADDRESS				1.3 STREET ADDRESS	2801 Hickory Cove Ct		
CITY-ST-ZIP				1.4 CITY-ST-ZIP	Orlando, Florida 32818		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME	Conchita Flynych		
STREET ADDRESS				2.3 STREET ADDRESS	2801 Hickory Cove Ct		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Orlando, Florida 32818		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME	Anastasia Flynych		
STREET ADDRESS				3.3 STREET ADDRESS	5407 Idlewild Court		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Orlando, Florida 32808		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME	600002298776		
STREET ADDRESS				6.3 STREET ADDRESS	-09/22/97--01003--021		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	***61.25		

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.

CR2E037 (4/97)