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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 543637

(3)

DOCRON PRODUCTIONS & MANAGEMENT, INC.

FILED	
May 12 1997 8:00am	1
Secretary of State	



rmoparia	ace of Business	Mailing Address						idir nedet at	
7474 N.E. BTH CT. P.O. BOX 1075 (BOCA RATON.FL.33429) BOCA RATON FL 33429		P. O. BOX 1075 P.O. BOX 1075 (•						
US		US				3. Date Incorporated or Qualified 08/23/1977		e of Last 31/1996	
2. Principal	Place of Business	2a. Mailing Addr	oss			4. FEI Number 59-1763220		├	Applied For Not Applicable
Sulte, Ap	it. #, elc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		\$8.75	Additional
City & Sta	ate	City & State				6. Election Campaign Financing			Required
23		28				Trust Fund Contribution			0 May Be d to Fees
Zip	Country	Zip	├	Country		8. This corporation has liability for	intangible	ax under	s. 199.032,
24	25 9. Name and Address of Curr	29	30			Florida Statutes 10. Name and Address of New Re	Yes [No	
01	TANDER, MARIANNE	ent negistered Agent		81)	Namo	IV. Name and Address of New Ar	Aletolen V	Agur	
	174 N.E. 8TH CT.			20		- (D.O. O)			· · · · · · · · · · · · · · · · · · ·
	OCA RATON FL 33487			82	Street Add	dress (P.O. Box Number is Not Acceptab	olo)		
				В3					
				84	City		P= 1	85 Zij	o Code
44 Durania	at to the provisions of Continue 607.0	E00 and C07 1509 Floris	de Chatalan II		nooned a sec	poration submits this statement for the p	FL.		ita kandatana
SIGNATURE	Signature, typed or printed name of registered in	agent and little if applicable.			· · · · · · · · · · · · · · · · · · ·			···	~
10	OFFICERS A				rit signature requi	ired when reinstating)	DATE EDC AND	DIDECTO	DC IN 12
12.		ND DIRECTORS		13.	rit signature requi	alred when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND		
12. TITLE NAME	V0		LETE		at signature requi		ERS AND	DIRECTO Change	
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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 oain; 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.

Marianne 5 Tander

SIGNATURE: X Variance / Star

4-12-97 861-381,0255