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

DOCUMENT # 550891

(6)

WILSON SCHOOL PICTURES, INC.

Principal Place	Mailing Address				4 LOCATI MILLER BEIND ADAM COIRF BION DIDLE DIDN TINN THEIR BION CHRIS HIGH					
10757 SW 188 STREET 10757 SW 188 STREI MIAMI FL 33157 MIAMI FL 33157-6799										
						3. Date Incorporated or Qualifier 11/07/1977	3a. Date 02/05		Report	
Principal Place of Business 2a. Mailing Address						4. FEI Number		· · · · · · · · · · · · · · · · · · ·	oplied For	
<u></u>		26				59-1782971			ot Applicable	
Suite, Apt. #, etc Suite, Apt. #. 27			C.			6. Certificate of Status Desired	;	\$8.75 Additional Fee Required		
City & State)	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country 25	7ip	 	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
<u></u>	9, Name and Address of Curre	. <u></u>	1001			10. Name and Address of New				
WILS	SON, JR., L.J.			81	Name					
1134 MIAN			82	Street A	Address (P.O. Box Number is Not Acceptable)					
Intra-	AI FL 33176			83		***************************************				
				84	Crty		FL	35 Zip	Code	
11 Pursuant t	o the conscious of Sections 607.09	02 and 607 1508. Elorida Statu	tos the al	hove.	named .	corporation submits this statement for the		anging i	ts registerer	
office or re agent if an	egistered agent, or both, in the Sta in familiar with land accept the obli	te of Florida. Such change was	authorized	d by '	the corp	oration's board of directors. I hereby acc	cept the appoin	tment as	registered	
	Signature Typed or plinted name of registered a			d Agen	t signature	required when reinstating)	DATE			
2 .	OFFICERS A	ND DIRECTORS DELETE	13.	7. 5		ADDITIONS/CHANGES TO OF		RECTO Change		
ITLE .	WILSON, MABEL	☐ DETEIE	1111				L	Change	Addition	
NAME	11340 SW 128 STREET		1.2 N/		000000					
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HTY - 51 - 71P	MIAMI FL		3 4, C	ITY-ST	-ZIP					
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ITY-ST-ZIP		TT 02.5-2		ITY-SI	- ZIP				1 1 2 2 3 2 2	
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AMé			62 N							
STREET ADDRESS					ADDRESS					
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information I am an of	ri indicated on this annual report of	r supplemental annual report is or the receiver or trustee empor	true and a wered to e	accur	ate and	that my signature shall have the same le eport as required by Chapter 607, Florid	gal effect as if	made ur	nder oath; th	

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SK

L.J. Wilson Ja.

1-21-97

305/258-7222

0216163

FILED

Jan 28 1997 8:00am

Secretary of State