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 # 843190

(0)

SWANSON FILMS LTD., INC.

Principal Place of Purchage	

FILED Jan 29 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 10427 LONGWOOD DR. 10427 LONGWOOD DR. LARGO FL 33777-1330			F INDIR! COIN DIDER WIND WELD ABIN WOLL DIDIN DIDIN DIDIN DIGIT WITH I THAN						
					3. Date Incorporated or Qualified 05/07/1979		of Last	Report	
	Place of Business	2a. Mailing Address			4. FEI Number			Applied For	
1		26			39-1052422			ot Applicable	
Surte, Apt. #, etc.		Suite. Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be			
3		28			Trust Fund Contribution		Added to Fees		
Zip Country		Zip Country		8. This corporation has liability for intangible tax under s. 199.032,					
4	25 9. Name and Address of Curre	29	30		Florida Statutes 10. Name and Address of New Re		No		
OW/	ANSON, ROBERT W.	it negistered Agent		81 Name		Alerated V	Join		
	27 LONGWOOD DRIVE								
	GO FL 34847			82 Street	Address (P.O. Box Number is Not Acceptate	ole)			
			ļ	83					
				84 City			85 Zip	Code	
				'		<u>FL</u>			
agent. Fe SIGNATURE	(Charte) Loon	- KOKEM W	SWAL)\$55 <u>7</u> _	d corporation submits this statement for the proration's board of directors. I hereby acce	15/47	2	 	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTO		
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NAME	SWANSON, ROBERT W.		12 NA	-					
STREET ADDRESS	10427 LONGWOOD DRIVE LARGO FL		1	reet address	1				
CITY-ST-7F TITLE	SVD	DELETE	1.4 CC	TY+ST-ZIP	<u> </u>		Change	Additio	
NAME	SWANSON, ELIZABETH	C) otter	2.2 N			ι.	T. Asimorida	71001(10	
STREET ADDRESS	10427 LONGWOOD DRIVE			REET ADDRESS					
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namil Street Address				reet address					
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NAME			62 N						
STREET ADDRESS				reet address					
CITY-ST-ZIP				TY-ST-ZIP					
	the cartify that the information rupolis	ad with this files does not a			stated in Section 119 07(3\(i) Florida Statute	e I further	certify the	at the	

1. I do hereby certify that the information supplied with this filling ofes not Auality (a the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual repetit with an indicated and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly of the disposition or the reserver cytrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block 131 changes of an attachment with an address.

SIGNATURE:

INTER NAME OF SIGNING OFFICER OR DIRECTOR

1/25/97 813-393-077