

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **F86258** (3)

1. Corporation Name
HAL TAINES FILM PRODUCTIONS, INC.



Principal Place of Business 8801 HOLLYWOOD BLVD. HOLLYWOOD FL 33021	Mailing Address 3801 HOLLYWOOD BLVD. HOLLYWOOD FL 33021-6729
---	--

2. Principal Place of Business 21 6365 Taft Street Suite, Apt. #, etc. 22 Suite 3003 City & State 23 Hollywood FL Zip 24 33024 Country 25 USA		2a. Mailing Address 26 6365 Taft Street Suite, Apt. #, etc. 27 Suite 3003 City & State 28 Hollywood FL Zip 29 33024 Country 30 USA		3. Date Incorporated or Qualified 06/22/1982	3a. Date of Last Report 04/03/1996
		4. FEI Number 59-2206487		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BRUNT, JOHN H CPA 3801 HOLLYWOOD BOULEVARD SUITE 300 HOLLYWOOD FL 33021		10. Name and Address of New Registered Agent 81 Name John H. Brunt CPA 82 Street Address (P.O. Box Number is Not Acceptable) 6365 Taft Street Suite 3003 83 84 City Hollywood FL 85 Zip Code 33024	
---	--	---	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature is required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAINES, HAROLD 5821 HOLLYWOOD BLVD #200 HOLLYWOOD FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TAINES, SUE 5821 HOLLYWOOD BLVD #200 HOLLYWOOD FL	1.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.3 STREET ADDRESS	6365 Taft Street Suite 3003 Hollywood FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.3 STREET ADDRESS	6365 Taft Street Suite 3003 Hollywood FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

4/7/97

CR2E034 (9/96)