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

PROFIT CORPORATION ANNUAL REPORT



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # F9300000410 (1)

TAGLIANETTI PICTURES, INC.  Principal Place of Business  1662 EAST 24TH STREET  BROOKLYN NY 11229  Mailing Address  GEORGE TAGLIANETTI/TAGLIANETTI PICT BROOKLYN NY 11229  P.O. BOX 320-153					TURES				
		BROOKLYN NY 11232-01: US	53			3. Date incorporated or Qualified	3a. D:	ate of Last R	Report
						01/15/1993		10/1996	
<u> </u>	Place of Business	2a. Mailing Address	··········			4. FEI Number			pplied For
Suite, Apt	W. cst.	Suite, Apt #, etc.			11-2294958 Not Applicable				
22 Suite, April	. #. O(G	27			5. Certificate of Status Desired				
City & Sta	le	City & State			<del>"</del> "	Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	<del>├</del>	untry		8. This corporation has liability for			i. 199.032,
24	25 9. Name and Address of Curren	29				Florida Statutes Yes No  10. Name and Address of New Registered Agent			
MO	RANTE, TOM	it riogistored rigorit		81	Name	10, really and heartons of the tree			
	ISCAYNE TOWERS			82	Street Addre	ess (P.O. Box Number is Not Acceptab			
ł .	BISCAYNE BLVCD., #3750		Silvet AC		Ollock Addite	33 (1.0. dox Hamber is Not Acceptate	101		
MIA	MI FL 33131			83					
				84	City			85 Zip	Code
11 Purcuant	to the provisions of Sections 607.050	12 and 607 1508. Florida State	ites the a	bove.	named corpo	pration submits this statement for the r	FL	changing i	ts registered
office or	registered agent, or both, in the State	of Florida, Such change was	authorize	d by	the corporation	oration submits this statement for the pon's board of directors. I hereby accept	of the app	ointment as	registered
SIGNATURE	arrive may with and accept the oxing	anions of Wichert Cor. Cooc, 1	ionoa ota	itatos.					
SIGNATURE	Signaturi, typed or princed rad e of registered age				l signature require	d when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		RS IN 12
TITLE NAME	TAGLIANETTI, GEORGE	רון הנרנונ	1.1 7	TILE NAME	}			Change	L. HOULION
STREET ADORESS	1662 E. 24TH STREET		. I	-	ODRESS				
CITY-ST-ZIP	BROOKLYN NY 11229		1		ì				
TITLE	PVP			1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
NAME	TAGLIANETTI, GEORGE			2.2 NAME			•		
STREET ADDRESS	1662 E. 24TH STREET		235		.DDRESS				i
CITY - S1 - ZIP			2.41	2 4 CITY - ST - ZIP					
TITLE	ST CONTRACTOR			3.1 TITLE				Change	Addition
NAME	TAGLIANETTI, GEORGE		3.2 N	VAME					
STREET ADDRESS	1662 E. 24TH STREET BROOKLYN NY 11229				ADDRESS				
CITY-ST-ZIP	DROOKLIN NI 11228	DELETE		CITY-ST	- ZIP			☐ Change	Addition
THILE		☐ DECEME		4.1 TITLE 4.2 NAME				☐ Crange	Las Addition
NAME STREET ADDRESS			- 1		ADDRESS .				
CITY - S1 - ZIP									
TITLE				4.4 CITY - ST - ZIP 5.1 TITLE				Change	Addition
NAME			5.2 N	5.2 NAME					
STREET ADDRESS					ADDRESS				
CITY: S1-ZIP			5.4 (	CITY-ST	- ZIP				
TITLE		DELETE	6.1 ]	IITLE				Change	Addition .
NAME			6.2 )	NAME					
STREET ADDRESS			6.3 5	STREET A	ADDRESS				
CITY OF NO	i e		647	דים עדוי	710				

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