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 # F9400005022 (8)

ALL WEST PRODUCTIONS, LTD. INC.

Tellerities and the same and th											
CA CA						• • · · · · · · · · · · · · · · · · · ·			ate of Last Report		
2. Principal	Place of Business	2a. Mailing Addre	2a, Mailing Address						Appl	ied For	
21		26	26			98-0139724 Not Appli			Applicable		
Suite, Apt	t. #, etc.	Suite. Apt. #,	Suite. Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Sta	ate	City & State	h			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Ζiρ	Country	Zip C		Country		8. This corporation has liability for intangible tax under s. 199.032,				99.032,	
24	25 29 30					Florida Statutes Yes No					
	9. Name and Address of C	urrent Registered Agent		I		10. Name and Address of New Re	gistered /	lgent			
4710 N.W. BOCA RATON BLVD. SUITE 101 BOCA RATON FL 33431				82 Street Address (P.O. Box Number is Not Acceptable) 83							
					City	FL 85 Zip Code					
office or	reg stered agent, or both, in the am familiar with, and accept the i	State of Florida: Such chan obligations of, Section 607.	ge was authorize 0505, Florida Sta	d by tute:	the corpora	rporation submits this statement for the pation's board of directors. I hereby acceptions when reinstating)	ot the app	chang pintme	ging its ent as re	registered gistered	
12.	Signature, typed or printed name of registerial agent at orbitish applicable. (NOTE: Registers OFFICERS AND DIRECTORS 13.			10 A10	ni, signature requ	ADDITIONS/CHANGES TO OFFIC		DIRE	CTORS	IN 12	
TITLE	PD		☐ DELETE 1.1 TI			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ CI		Addition	
NAME	PLATZ, MICHAEL 12N			AME							
STREET ADDRESS				TREET	ADDRESS						
CITY - ST - ZIP	TORONTO, CANADA			HY-5	Y - SY - ZIP						
TITLE		DELETE 211		ITLE				Ct	iange	Addition	
NAME			22 N	IAME							
STREET ADDRESS	;		235	TREET	ADDRESS						
CITY - ST - ZIP				01TY -	ST-ZIP						
THLE	DELETE 31			ITLE				☐ CH	nange	Addition	

CITY+ST-2IP 6.4 CITY - ST - ZIP 14. If 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 matching 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.

3.2 NAM5 3.3 STREET ADDRESS

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

☐ DELETE

3.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME

TITLE

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7/P

CITY -ST-7/P

FILED

Jan 16 1997 8:00am

Secretary of State

Change

Change

Change

Addition

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Addition