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

Principal Place of Business	Mailing Address
P.O. BOX 573 HAILEY ID 83333	P.O. BOX 573 HAILEY ID 83333-0573

FILED Apr 21 1997 8:00am Secretary of State

	PRODUCTIONS OF NAPLE					
Principal Plac	e of Business	Mailing Address			: 88 /3/ 88 3/3 88 /3/ 18/4 18/4 18/4 18/4 18/4	
P.O. BOX 573 HAILEY ID 833	33	P.O. BOX 573 HAILEY ID 83333-0573				
-				 Date Incorporated or Qualified 02/22/1995 	3a. Date of Last Report 10/30/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 26		26 636 And	hor Rode I	82-0308262	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		C. Commode of Oldrad Doubled	Fee Required	
City & State		28 Naples	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25		Country 10 USA]Yes □ No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
PASSIDOMO, JOHN M B1 Name Desire Foard						
821 FIFTH AVENUE SOUTH		82 Street Ac	dress (P.O. Box Number is Net Acceptate	Drive		
NAPLES FL 34102 83 636 Pinchor Rode Drive						
			84 City	Japles	FL 85 Zip Code 34103	
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 Signature typed or printed name of registered agery and title if appricable. (NOTE: Registered Agent signature required when reinstating) DATE DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PDC	☐ DELET€	1.1 TITLE		☐ Change ☐ Addition	
NAME	CARSON, JOHN		1.2 NAME			
STREET ADDRESS	821 5TH AVE., S.		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34102	T DELETE	1.4 CITY - ST - ZIP			
TITLE	SD BVE MADOM	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME OXOCCT ADDOCCO	Bye, Karon 821 5th ave., S.		2.2 NAME			
STREET ADDRESS OITY-ST-ZIP	NAPLES FL 34102		2.3 STREET ADDRESS 2 4 City-St-Zip			
TITLE	TOTAL ECO TE OFFICE	DELETE	3 1 1)TLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. C/1Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			

6.4 CITY-ST-ZIP 14. Ido hereby certify that the information supplied with this filing does not qualify for the exemplion 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 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

5.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME