

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005756 (0)
1. Corporation Name
SCREEN CONCEPT, INC.



Principal Place of Business 8330 S. VINELAND ROAD, STE C ORLANDO FL 32811	Mailing Address 3330 S. VINELAND ROAD, STE C ORLANDO FL 32811-6453
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/27/1995	3a. Date of Last Report 05/01/1996	4. FEI Number 88-0346729	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

NELSON, WILLIAM
3330 S. VINELAND ROAD, STE C
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	PCD
NAME	ZAVALA, CARLOS D	12 NAME	Zavala, Carlos
STREET ADDRESS	456 BEAUMONT CIRCLE	13 STREET ADDRESS	2162 Kane Park Way
CITY-ST-ZIP	WESTCHESTER PA	14 CITY-ST-ZIP	WINDERMERE FL 34786
TITLE	VD	21 TITLE	VD
NAME	SANDRIDGE, JACK	22 NAME	sandridge, Jack
STREET ADDRESS	456 BEAUMONT CIRCLE	23 STREET ADDRESS	5952 Willow Ct
CITY-ST-ZIP	WESTCHESTER PA	24 CITY-ST-ZIP	Orlando, FL 32811
TITLE	STD	31 TITLE	
NAME	NELSON, WILLIAM	32 NAME	
STREET ADDRESS	3330 S. VINELAND ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *[Signature]* 4/16/97 (407) 449-1410

CR2E034 (9/96)