

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000085 (8)

1. Corporation Name

SUNCOAST MOTION PICTURE COMPANY, INC.

Principal Place of Business
**10400 YELLOW CIRCLE DRIVE
MINNETONKA MN 55343**

Mailing Address
**10400 YELLOW CIRCLE DRIVE
MINNETONKA MN 55343**



DO NOT WRITE IN THIS SPACE

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 01/04/1996	
4. FEI Number 41-1824093		Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	EUGSTER, JACK	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, REID	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	PCFO	<input type="checkbox"/> DELETE
NAME	BENSON, KEITH A	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KURZEKA, LAWRENCE A.	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENIKE, ARCHIE L	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	RUEHLE, LINDA A	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN 55343	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice President & TREASURER
2.3 STREET ADDRESS	JAMES B. NERMYR
2.4 CITY-ST-ZIP	10400 YELLOW CIRCLE DR MINNETONKA MN 55343
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vice President
4.3 STREET ADDRESS	Michael J. Colon
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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]* *[Signature]* *[Signature]*

CR2E034 (10/97)