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FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000005531 (6)

1. Corporation Name

STUDIO CITY HOLDING CORPORATION

Principal Place of Business

PO DRAWER 367  
OXFORD FL 34484

Mailing Address

PO DRAWER 367  
OXFORD FL 34484-0367

3. Date Incorporated or Qualified

10/24/1996

3a. Date of Last Report

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

4. FEI Number

13-3227032

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

FAW, LARRY D  
14400 SW 48TH CT.  
OCALA FL 34473

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

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE

NAME FAW, LARRY D  
STREET ADDRESS 14400 SW 48TH CT.  
CITY-ST-ZIP Ocala FL 34473

TITLE VSD ☐ DELETE

NAME FAW, GENEVIEVE H  
STREET ADDRESS 14400 SW 48TH CT.  
CITY-ST-ZIP Ocala FL 34473

TITLE DCEO ☐ DELETE

NAME HEFLER, ROGER H  
STREET ADDRESS 22 SEMINOLE PATH  
CITY-ST-ZIP WILDWOOD FL 34785

TITLE TC ☐ DELETE

NAME CHURCHILL, JOHN A JR  
STREET ADDRESS 870 SYMPHONY ISLE BLVD.  
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE D ☐ DELETE

NAME NEVILLE, VINCENT J  
STREET ADDRESS 545 W. HILL RD.  
CITY-ST-ZIP STAMFORD CT 06902

TITLE D ☒ DELETE

NAME SCHEURING, HENRY G  
STREET ADDRESS 4936 BRYWILL CIRCLE  
CITY-ST-ZIP SARASOTA FL 34234

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 unchanged, or on an attachment with an address.

SIGNATURE *Larry D. Faw as Chairman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

352-347-3947

Daytime Phone #

CR2E034 (9/96)