

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

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Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/24/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		13-3227032	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				X \$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 checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FAW, LARRY D 14400 SW 46TH CT. OCALA FL 34473				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAW, LARRY D	1.2 NAME	
STREET ADDRESS	14400 SW 46TH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34473	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAW, GENEVIEVE H	2.2 NAME	
STREET ADDRESS	14400 SW 46TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34473	2.4 CITY-ST-ZIP	
TITLE	DCEO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFLER, ROGER H	3.2 NAME	
STREET ADDRESS	22 SEMINOLE PATH	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL 34785	3.4 CITY-ST-ZIP	
TITLE	TC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCHILL, JOHN A JR	4.2 NAME	
STREET ADDRESS	870 SYMPHONY ISLE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVILLE, VINCENT J	5.2 NAME	
STREET ADDRESS	545 W. HILL RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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] President

3/10/98 (352) 347-3947

CR2E034 (10/97)