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Jan 22 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 # G07397 (4)

1. Corporation Name  
ATLANTIC SOUTHERN PRODUCTIONS, INC.



Principal Place of Business: 8950 Silkwood Ct., SARASOTA FL 34238  
Mailing Address: P.O. Box 1299, SARASOTA FL 34238-3129

3. Date Incorporated or Qualified: 11/05/1982  
3a. Date of Last Report: 02/12/1996  
4. FEI Number: 59-2244677  
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

2. Principal Place of Business: 8950 Silkwood Ct., Sarasota, FL 34238  
2a. Mailing Address: P.O. Box 1299, Osprey, FL 34229  
22. City & State: Sarasota, FL  
23. City & State: Osprey, FL  
24. Zip: 34238  
25. Country: [Blank]  
26. Suite, Apt. #, etc.: [Blank]  
27. Suite, Apt. #, etc.: [Blank]  
28. City & State: Osprey, FL  
29. Zip: 34229  
30. Country: [Blank]

9. Name and Address of Current Registered Agent  
STANLEY E MARABLE  
677 N WASHINGTON BLVD  
SUITE 2  
SARASOTA FL 34238

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	WINDER, WILLIAM RAY, JR.	
STREET ADDRESS	8950 Silkwood Ct.	
CITY-ST-ZIP	SARASOTA, FL 0000 34238	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PARKER, DIANE A'DELL	
STREET ADDRESS	2454 E. Burr Oak Ct.	
CITY-ST-ZIP	Sarasota, FL. 34232	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WINDER, WILLIAM RAY, III	
STREET ADDRESS	8963 SILKWOOD CT	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 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 for 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: [Blank] Daytime Phone #: [Blank]

CR2E034 (9/96)