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Apr 28 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 # H25457 (3)
1. Corporation Name
RON ROSE PRODUCTIONS, INC.

Principal Place of Business Mailing Address
3409 W LEMON ST 3409 W LEMON ST
TAMPA FL 33609 TAMPA FL 33609-1425



3. Date Incorporated or Qualified 10/15/1984
3a. Date of Last Report 05/01/1996

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 59-2459987 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

PENDERGRASS, HARDIN T JR
166 14TH AVE., NE.
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name POOLE, DONALD M.
82 Street Address (P.O. Box Number is Not Acceptable)
83 3409 W. Lemon Street
84 City TAMPA FL 85 Zip Code 33609

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 Donald M. Poole DONALD M. POOLE 4/21/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS NAME PENDERGRASS, JR. H T STREET ADDRESS 166 14TH AVE., N.E. CITY-ST-ZIP ST. PETERSBURG FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PS 1.2 NAME POOLE, DONALD M. 1.3 STREET ADDRESS 18801 BROOKER CREEK DR. 1.4 CITY-ST-ZIP ODESSA, FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME POOLE, DONALD M. STREET ADDRESS 18801 BROOKER CREEK CITY-ST-ZIP ODESSA FL	<input type="checkbox"/> DELETE	2.1 TITLE VP 2.2 NAME ROCZ, RONALD 2.3 STREET ADDRESS 29217 SOUTHFIELD RD. 2.4 CITY-ST-ZIP SOUTHFIELD, MI 48076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME IRWIN, JUDITH L STREET ADDRESS 4919 HEADLAND HILLS AVE CITY-ST-ZIP TAMPA FL	<input type="checkbox"/> DELETE	3.1 TITLE T 3.2 NAME IRWIN, JUDITH L 3.3 STREET ADDRESS 1012 SOUTH College 3.4 CITY-ST-ZIP GREENCASTLE, IN 46135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Donald M. Poole DONALD M. POOLE 4/21/97 (813) 873-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)