

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

FILED

**Apr 10 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 # **K49311 (9)**

1. Corporation Name
ALTON PRODUCTIONS INC.



Principal Place of Business: **% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

Mailing Address: **C/O ARNOLD GITOMER
350 5TH AVE STE 802
NEW YORK NY 10118-0885
US**

3. Date Incorporated or Qualified: **12/06/1988**

3a. Date of Last Report: **04/04/1996**

4. FEI Number: **65-0086463**

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: 21, 22, 23, 24

2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHBY, RICHARD	1.2 NAME	
STREET ADDRESS	5820 NORTH BAY ROAD	1.3 STREET ADDRESS	33140
CITY- ST- ZIP	MIAMI BEACH FL	1.4 CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBB, BARRY	2.2 NAME	
STREET ADDRESS	5820 NORTH BAY ROAD	2.3 STREET ADDRESS	33140
CITY- ST- ZIP	MIAMI BEACH FL	2.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBB, MAURICE	3.2 NAME	
STREET ADDRESS	6020 NORTH BAY ROAD	3.3 STREET ADDRESS	33140
CITY- ST- ZIP	MIAMI BEACH FL	3.4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBB, ROBIN	4.2 NAME	
STREET ADDRESS	5790 NORTH BAY ROAD	4.3 STREET ADDRESS	33140
CITY- ST- ZIP	MIAMI BEACH FL	4.4 CITY- ST- ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GITOMER, ARNOLD	5.2 NAME	
STREET ADDRESS	13 QUAKER DRIVE	5.3 STREET ADDRESS	88816
CITY- ST- ZIP	EAST BRUNSWICK NJ	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: **RICHARD C. ASHBY** 4/5/97 305-672-2390

CR2E034 (9/96)