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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15761

(4)

FLA PRODUCTIONS, INC.

innorpat Place of Business	Mailing Address
448 HOFFNER AVE., STE, 105	P. O. BOX 560683
ANDO FL 32812	ORLANDO FL 32858-0

FILED Mar 18 1997 8:00am Secretary of State



5448 HOFFNER AVE., STE. 105 ORLANDO FL 32812			P. O. BOX 560813 ORLANDO FL 32656-0683		
				3. Date Incorporated or Qualified 09/14/1989	3a. Date of Last Report 02/26/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied Fo
21		26		59-2973650	Not Applic
Suite Apt	# €iti:	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additions
City & Stut	•)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zιρ	Country	8. This corporation has liability for it	
24	25	29			Yes X No
	9. Name and Address of 0	Current Registered Agent	81 Name	10. Name and Address of New Re	jistered Agent
	TORO, LINDA		81 Name		
	3 LK GEORGE COVE DR.		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
ORL	ANDO FL 32812				
			83		
			84 City		85 Zip Code
					FL S Z COOE
11. Pursuant office or ragent. La	to the provisions of Sections 60 segistered agent, or both, in the imitarillar with, and accept the	07 0502 and 607.1508, Florida Stat • State of Florida Such change was • obligations of, Section 607.0505,	utes, the above-named consideration and above authorized by the corpora Florida Statutes.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its register it the appointment as register
SIGNATURE			ATT 6		Dive
12.	Stochare typed or purity traine of regist	RS AND DIRECTORS	OTE: Registered Agent signature request. 13.	ADDITIONS/CHANGES TO OFFIC	DATE SERVINIO DIRECTORS IN 12
		DELETE	1.1 FITLE	ADDITIONS/CHANGES TO OFFIC	Change Add
MILE	PD	D Mill			Thought Tivo
NAME	SANTORO, FRANK	00	1.2 NAME		
STREET ALDRESS	3053 LK GEORGE COVE	UR	1.3 STREFT ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32812	Drugge	1.4 CITY - ST - ZiP		[] (S
TITLE		DELETE	2.1 TITLE		Change Add
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST-2IP			2 4 CITY - ST- ZIP		
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STREET ADDRESS	1		3 3 STREET ADDRESS		
CHY ST-ZF			3.4. CITY - ST - ZIP		
IIILE		☐ DELETE	4.1 TITLE		☐ Change ☐ Adi
NAME	•		4. 2 NAME		
STREET ADOMESS			4.3 STREET ADDRESS		
Offic S' - ZIP			4.4 CITY-ST-ZIP		
TIFLE		DELETE	5 1 TITLE		Change Ad
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		•
CITY ST-ZiP			5.4 CITY - ST - ZIP		
III.E	ļ	DELETE	6.1 TITLE		Change Ad
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CHY-SI-7F	l	lied with this films does not as	64 CITY-ST-ZIP	ed in Section 119.07(3)(i). Florida Statute	a I further portify that the

4. 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 and cated on this angual 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 this corporation or the species 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 our altrachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L SANTONC

407-658-124

ne Priorie #