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

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business

2575 8 PARK ROAD



FLORIDA DEPARTMENT OF STATE

Sandta B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(3)

STRATTON PICTURE COMPANY

Mailing Address

2575 8 PARK ROAD

SECRETARY OF STATE TALLAHASSEE, FLORIDA

97 JUN 24 MM 9: 07

PEMBROKE PARK	FL 33009	PEMBROKE PARK FL 330	09-3813		
				3. Date Incorporated or Qualified 02/06/1990	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2e. Mailing Address		4. FEI Number	Applied For
21		26		65-0170171	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City & State			Fee Required
City & State		<u>⊢</u> ¬ ' '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	7ip	Country	8. This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Curre		1301	10. Name and Address of New Reg	
PENDA	N. 12017 AVENUE, #201 NOKE PINES PL 33027 The provisions of Sections 607.05 Istered agent, or both, in the State	02 and 607, 1508, Florida Statu o of Florida, Such change was		176 n. Pine ISIO uik 118 an tation	
SIGNATURE			onda Statutes. IE: Bogistered Agent signature requir		13/E)
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
.111146		☐ DELETE	1.1 TOLE		Change Addition
	MERKUR, JOEE		1.2 NAME		
	250 SW 70TH-AVE		1.3 STREET ADDRESS		
D11.1 O1 2.1	PLANTATION FL		1.4 CITY - ST - 7IP		
TITLE		□ DELETE	2.1 THE	1.00000000	3 - 3 Cennon 1 Addign 797 - 01003 - 026 5.00 ****165.00
NAME			2.2 NAME	-07/01/	79701009U25
STREET ADDRESS			2.3 STREET ADDRESS	未来来注	5.00 ****165.00
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DECEMB	3.1 1/11.6		C Ghange C Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STHELL ADDRESS		
TITY-ST-ZIP		□ DELETE	3.4. CITY- \$1 - 7IP		Change Addition
TITLE	•.	[] DETELE	4.1 TITLE		FT change FT Woomon
NAME	:		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	•	T brieve	4.4 CITY-S1-ZIP .		Chacas
TITLE		☐ DELETE	5 1 THLE		Change Addition
NAME	•		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	A Allen	
CITY-ST-ZIP			5.4 CITY-S1-ZIP	(1.21au (0/24/	
TITLE		☐ DELFTE	61 TITLE	1.17/1	Change Addition
NAME			6.2 NAME	Q1 2910	7/)
STREET ADDRESS			6.3 STREET ADDRESS	1 17	<i>'</i>
OUT TO VILLE			6 4 CITY C1 7/D	•	

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 trusted employees 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 wij DIGN

HIELAT