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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

•	1997	DIVISION OF C	CORPORATIONS		
	MENT # M20430 PRODUCTIONS, INC.	0 (8)			
					<u> </u>
Principal Place	of Business	Malling Address			
10891 153RD CT N		10631 153RD CT N			
JUPITER FL 33478 US		Jupiter FL 33478-6821 US			
				3. Date Incorporated or Qualified 09/09/1985	3a. Date of Last Report 04/25/1996
· ·	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# ata	Suite, Apt. #, etc.		59-2610562	Not Applicable \$8.75 Additional
22	n, Gt.	27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	[28] Zip	Country	Trust Fund Contribution	Added to Fees
24	[25]	29	30	This corporation has liability for in Florida Statutes	rtangible tax under s. 199.032, Yes No
	9. Name and Address of Curren			10. Name and Address of New Reg	platered Agent
	dberg, Kenneth		81 Name		
	11 153RD CT N		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
JUPI	TER FL 33478		83		
			B4 City		85 Ζίρ Code
					FL
office or re	existered agent, or both, in the State	e of Florida. Such change was a	authorized by the corporat	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered If the appointment as registered
	m familiar with, and accept the oblig	gations of, Section 607.0505, Fi	orida Statutes		
SIGNATURE .	Styriature it great to printed name of registered ag	ent and tillo if applicable (NOT	E. Registered Agent signature requi	red when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
Title	PD Goldberg, Kenneth	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET AODRESS	10631 153 CT N	,	1.2 NAME 1.3 STREET ADDRESS		į
CITY-ST-ZIP	JUPITER FL		1.4 City-ST-ZiP		,
TITLE		☐ DELETE	2.1 TITLE		Change Addition
MAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CDY-SI-20F			3.4. CITY - ST - ZIP		
THE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		i
STREET ADDRESS (4.3 STREET ADDRESS (4.4 City-St-Zip		
TILE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		Ì
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CHY-ST-ZIF		/	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAMÉ erbret anniques			6.2 NAME		į
STREET ADDRESS			6.3 STREET ADDRESS		į

14. I do horeby 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 Brack 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED

Apr 15 1997 8:00am

Secretary of State

Daytime Phone # 0333922