

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 03 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33703 (2)

1. Corporation Name
LOFT PRODUCTIONS, INC.



Principal Place of Business THE LOFT PRODUCTION CO., INC. 1441 FLETCHER AVE. E., STE. 413 TAMPA FL 33612-8809	Mailing Address THE LOFT PRODUCTION CO., INC. 1441 FLETCHER AVE. E., STE. 413 TAMPA FL 33612-8809
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/24/1989	3a. Date of Last Report 05/28/1996
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2. Principal Place of Business 21 1701 20th St. N.	2a. Mailing Address 26 16057 Tampa Palms Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # 103
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33605	Country 25
Zip 29 33647	Country 30

4. FEI Number 59-2971883	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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent

COLLINS, KIMBERLY
 1441 FLETCHER AVE., #413
 TAMPA FL 33612-8809

10. Name and Address of New Registered Agent

81 Name Montese Crandall
82 Street Address (P.O. Box Number is Not Acceptable) 16057 Tampa Palms Blvd. W #103
83
84 City Tampa
85 Zip Code FL 33647

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Montese Crandall **Montese Crandall Executive Director** **8/24/97**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GABBERT, KARA 5055 S. DALE MABRY #1124 TAMPA FL 33629	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PRESSNER, ROBERT A 2912 W. ESTRELLA TAMPA FL 33629	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT LEVINE, BARRY 6705 PEACH TREE DRIVE TEMPLE TERRACE FL 33617	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, DAWN 6316 LAKE SUNRISE DR. APOLLO BCH. FL 33572	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C/D Blane Crandall 29359 Openfield Loop Wesley Chapel, FL 33543	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T/D Agnes Miller 5524 Carrollwood Key Dr. Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/D Lucius M. Dyal Jr. 501 G. Kennedy Blvd. #1400 Tampa, FL 33601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	MD Montese Crandall 29359 Openfield Loop Wesley Chapel, FL 33543	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Montese Crandall **Montese Crandall** **8/24/97 (113)991-1009**

CPRE037 (4/97)