## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400001841 (5)

THE REEL DEAL STUDIO, INC.

***************************************	LLE DEAL OTODIO, INO.						
Principal Place of Business		Mailing Address					
235 SUNRISE PALM BEACH		235 SUNRISE AVE PALM BEACH FL 3348	0				
					<ol> <li>Date Incorporated or Qualified 04/11/1994</li> </ol>	3a. Date of Las 10/18/	, ,
Principal Place of Business     The Principal Place of Business		2a. Mailing Address 26			4. FEI Number 65-0516971	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	T	5 Additional Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 25		Ζφ <b>29</b>	p Country 30		This corporation has liability for intangible tax under s. 199.032,     Florida Statutes		
	9. Name and Address of Current		1991		10. Name and Address of New Re	gistered Agent	
			8.	Name			
BERNHARD, GWENDOLYN 235 SUNRISE AVENUE #2213			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	EACH FL 33480	83		3	A		
			84	City		FL 85 2	Zip Code
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	ia. Such change was authori.	zed by the cor	-named corpo poration's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	oose of changing its intment as registers	registered office ad agent. I am
SIGNATURE .	Signature, typed or printed name of registered agent.	and title if anchorable (N	OTE: Registered Ag	ent sonatura recuire	se, where reanst about	DATE	· - ·
12.	OFFICERS AND		13.	an agrant trajan	ADDITIONS CHANGES TO OFFI		ORS IN 12
TITLE	PD	DELETE	1 1 TITLE			Change	☐ Addition
NAME	BERNHARD, GWENDOLYN	12 N					
STREET ADDRESS	· ·		1 3 STHE	FT ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480	14		ST-ZIP			
TITLE			2 1 TITLE			☐ Change	: Addition
NAME	BERNHARD, MANFRED		2.2 NAME				
STREET ADDRESS			2 3 STRE	ET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480			- S1 - ZIP			
TITLE	D	Fill Deserte				Change	Addition
NAME	PATTERSON, MAY-BRITT L		3 2 NAM				Ì
STREET ADDRESS	3801 GEORGIA AVE		3 3 STRE	ET ADORESS			
CITY - ST - ZIP	WEST PALM BEACH FL 3340		3.4 CITY				- Nation
TITLE	VD	□DELETE 41TI				Change	Addition
NAME	STEWART, DEBORAH		4. 2 NAM				
STREET ADDRESS	303 3RD WAY	_		ET ADDRESS			
City-ST-ZiP	WEST PALM BEACH FL 3340	7	4.4 CITY			Channe	Addition
TITLE	D	DELETE	5 + TITLE			☐ Change	e
NAME .	STEPHENS, ROZANN		5.2 NAMI				
STREET ADDRESS	235 SUNRISE AVENUE			ET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480	DELETE	5.4 CHY			☐ Change	Addition
THLE		Prefet	61 111.6				
NAME			6.2 NAM				
STREET ADDRESS			•	ET ADORESS			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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: \_

Mendoy Beinhard

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 407-659-1862

CR2E037 (12/95)