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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001841 (5)**

1. Corporation Name

**THE REEL DEAL STUDIO, INC.**



Principal Place of Business <b>235 SUNRISE AVE PALM BEACH FL 33480</b>	Mailing Address <b>235 SUNRISE AVE PALM BEACH FL 33480-3812</b>
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3. Date Incorporated or Qualified <b>04/11/1994</b>	3a. Date of Last Report <b>03/11/1996</b>
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2. Principal Place of Business <b>21 1617 N. FLAGLER DR</b> Suite, Apt. #, etc. <b>22 3A</b> City & State <b>23 W. PALM BEACH, FL</b> Zip <b>24 33407</b> Country <b>25 U.S.A.</b>	2a. Mailing Address <b>26 1617 N. FLAGLER DR</b> Suite, Apt. #, etc. <b>27 3A</b> City & State <b>28 W. PALM BEACH, FL</b> Zip <b>29 33407</b> Country <b>30 U.S.A.</b>
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4. FEI Number <b>65-0516971</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BERNHARD, GWENDOLYN 235 SUNRISE AVENUE #2213 PALM BEACH FL 33480</b>	
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10. Name and Address of New Registered Agent <b>81 Name BERNHARD, GWENDOLYN 82 Street Address (P.O. Box Number is Not Acceptable) 1617 N. FLAGLER DR #3A 83 84 City W. PALM BEACH FL 85 Zip Code 33407</b>	
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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 **GWENDOLYN BERNHARD** *Gwendolyn Bernhard* **3-31-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>BERNHARD, GWENDOLYN</b>	1.1 TITLE <b>PD</b>	1.1 NAME <b>BERNHARD, GWENDOLYN</b>
STREET ADDRESS <b>235 SUNRISE AVE</b>	CITY-ST-ZIP <b>PALM BEACH FL 33480</b>	1.2 STREET ADDRESS <b>1617 N. FLAGLER DR #3A</b>	1.2 CITY-ST-ZIP <b>W. PALM BEACH, FL 33407</b>
TITLE <b>D</b>	NAME <b>BERNHARD, MANFRED</b>	2.1 TITLE	2.1 NAME
STREET ADDRESS <b>235 SUNRISE AVE</b>	CITY-ST-ZIP <b>PALM BEACH FL 33480</b>	2.2 STREET ADDRESS	2.2 CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>PATTERSON, MAY-BRITT L</b>	3.1 TITLE	3.1 NAME <b>D HELEN BARRON</b>
STREET ADDRESS <b>3801 GEORGIA AVE</b>	CITY-ST-ZIP <b>WEST PALM BEACH FL 33405</b>	3.2 STREET ADDRESS <b>1691A FORUM PLACE</b>	3.2 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>
TITLE <b>VD</b>	NAME <b>STEWART, DEBORAH</b>	4.1 TITLE	4.1 NAME
STREET ADDRESS <b>303 3RD WAY</b>	CITY-ST-ZIP <b>WEST PALM BEACH FL 33407</b>	4.2 STREET ADDRESS	4.2 CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>STEPHENS, ROZANN</b>	5.1 TITLE	5.1 NAME
STREET ADDRESS <b>235 SUNRISE AVENUE</b>	CITY-ST-ZIP <b>PALM BEACH FL 33480</b>	5.2 STREET ADDRESS	5.2 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.1 NAME
STREET ADDRESS	CITY-ST-ZIP	6.2 STREET ADDRESS	6.2 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Gwendolyn Bernhard* **GWENDOLYN BERNHARD** **3-31-97** **561-654-1862**  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0039311

CR2E037 (9/96)