

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006079 (5)
1. Corporation Name
SOUTHWEST FLORIDA EPIC DRAMA, INC.



Principal Place of Business 198 A CARIBBEAN RD NAPLES FL 33108	Mailing Address 198 A CARIBBEAN RD NAPLES FL 34108-3406
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3. Date Incorporated or Qualified 11/27/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number 63-0711583	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 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
**COMPTON, RICHARD F III
198 A CARIBBEAN RD
NAPLES FL 33108**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	COMPTON, RICK
STREET ADDRESS	198 A CARIBBEAN RD
CITY-ST-ZIP	NAPLES FL 33108
TITLE	D <input type="checkbox"/> DELETE
NAME	HART, STEVE
STREET ADDRESS	4459 FLAMINGO DR
CITY-ST-ZIP	NAPLES FL 34104
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	COMPTON, CHERIE
STREET ADDRESS	198 A CARIBBEAN RD
CITY-ST-ZIP	NAPLES FL 33108
TITLE	D <input type="checkbox"/> DELETE
NAME	FITCH, JOHN
STREET ADDRESS	3776 CRACKER WAY
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	D <input type="checkbox"/> DELETE
NAME	OSCEOLA, TINA
STREET ADDRESS	5870 TWENTIETH AVE, SW
CITY-ST-ZIP	NAPLES FL 34116
TITLE	D <input type="checkbox"/> DELETE
NAME	LOMBARDO, CHRISTOPHER
STREET ADDRESS	801 LAUREL OAK DR
CITY-ST-ZIP	NAPLES FL 34108

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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: *Richard F. Compton, Pres./CEO* 4-5-97 941-592-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0748

CR2E037 (9/96)