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

PROFIT CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000000092 (6)

PRODUCTION HOUSE & DARKROOM, INC.

Principal Place	of Dusings	Mailing Ad	drano	-				
1821 29TH ST		Ü						
1821 29TH ST N 1821 29TH ST N ST PETESBURG FL 33713 ST PETESBURG FL 33713 US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 10/21/1992		
2. Principal Pla	ice of Business	2a. Mailing	Address			4. FEI Number	Applied F	For
21		26				59-3115697	Not Appli	licable
Suite, Apt. #	, etc.	Suite, A	pt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition Fee Required	
City & State		City & S	State			Election Campaign Financing Trust Fund Contribution	\$5.00 May B	
Zip	Country	Zip		Country		8. This corporation owes or has paid the curre		
24	25	29	3	0			Yes No	
	g. Name and Address of Cu	rrent Registered Ag	jent			10. Name and Address of New Registered A	gent	
SIGNATURE X	1911 8		?1			rporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoi	85 Zip Code changing its registentment as registen	stered ered
12.		d agent and trie frapplicable AND DIRECTORS	NOTE F	13.	nt signature requ	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 1	
TITLE	PD	AND DIRECTORS	DELETE	1.1 TITLE				Addition
NAME	MORELOCK, DONALD R	•		1.2 NAME		_		
STREET ADDRESS	1821 28TH STREET NORT	ПН		1.3 STREET	ADDRESS	•		
CITY-ST-ZIP	ST PETERSBURG FL	•••		1.4 CITY - S				
TITLE	VPM		DELETE	2.1 TITLE	·		Change A	Addition
NAME	MORELOCK, JEAN			2.2 NAME	Ì			
STREET ADDRESS	1821 28TH STREET NORT	TH		2.3 STREET	ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL			2. 4 CITY-5	f			
TITLE		1	DELETE	3.1 TITLE			Change A	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			

of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information drate and that my signature shall have the same legal effect as if made under oath, that I am an execute his report as required by Chapter 607, Florida Statutes; and that my name appears in CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for indicated on this annual report of supplemental annual report of regional according or or director of the periporation or the receiver or trusted improved to be Block 12 or Block 13 if changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY- ST-ZIP

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

DELETE

DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

NAME STREET ADDRESS

TITLE NAME

Change

Change

Addition

Addition

Addition

FILED

Apr 06 1998 8:00am

Secretary of State