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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000014802 (1) 1. Corporation Name MEDVISOR PRODUCTIONS, INC. Principal Place of Business Mailing Address												
3767 MY KONOS CT 3767 MYKNONOS CT BOCA RATON FL 33487 BOCA RATON FL 33487-1 US US					184							
03		•					ļ	3. Date Incorporated or Qualified 02/19/1993		Date of Last Re 5/01/1996	port	
2. Principal P	lace of Business	2a. N	Mailing Address					4. FEI Number	<u>~</u>		plied For	
21 3715	mykous ct	26					- 1	65-0479656 Not Applicat			Applicable	
Suite, Apt.	#, etc.		uite, Apt. #, etc.	0				5. Certificate of Status Desired		\$8.75 A		
22		27	·					5. Continued of States Decireo	<u> </u>	Fee Re	quired	
City & State			Soer Vets		Ξ.			6. Election Campaign Financing	_	\$5,00		
23 Boca	Country		ip		Country			Trust Fund Contribution	<u> </u>	Added to		
24 3348			334 8 4	30	usi		İ	6. This corporation has fiability for in Florida Statutes		le tax under s. No	199.032,	
24 3390	9. Name and Address of Cui			130				10. Name and Address of New Reg				
HAF	RLING, HARVEY H				81	Name			· · · · · · · · · · · · · · · · · · ·	······································		
	O GLADES ROAD				82	Chroni	Addres	s (P.O. Box Number is Not Acceptab	lo\			
	TE 201				102	3116617	Auures	s (F.O. Box Number is Not Acceptab	ie)			
	CA RATON FL 33434				B3							
	•••••				84	City				85 Zip C	`oda	
									F	L		
11. Pursuant office or r agent 1 a	to the provisions of Sections 607: registered agent, or both, in the Si rn familiar with, and accept the of	0502 and 607 tate of Florida bligations of, S	7.1508, Florida Sta II. Such change wa Section 607.0505,	tutes, th is author Florida	e abovi rized by Statute:	e-named y the corp s.	corpor	ation submits this statement for the p i's board of directors. I hereby accep	urpose It the ap	of changing its opointment as i	registered registered	
SIGNATURE	Signature, typed or printed name of registere:	d Second and July if a	anolicable /h	OTC Book	porad Ao	net eiganture	bev. rev	when reinstating)	DATE			
12.		AND DIRECT			13.	BIK and restore	required	ADDITIONS/CHANGES TO OFFICE		ND DIRECTOR	S IN 12	
THUE	PD		DELETE	1	L1 TITLE	T	90				Addition	
NAME	SCHWIBNER, BARRY			1	1.2 NAME		Sc	hurbur, Smet				
STREET ADDRESS	3775 MYKONOS CT.			_ [·	1.3 STREET	i address	37	15 Mukones et				
CHY-ST-ZIP	BOCA RATON FL 33487	·			1.4 CITY-S	ST - 21P		ca Roton, F1 33487				
TITLE	TD		☐ DELETE		2.1 TITLE			SD		🔀 Change	Addition	
NAME	SCHWIBNER, ROBYN				2.2 NAME	1	Sch	WARTZ, Robyu				
STREET ADDRESS	3775 MYKONOS CT.			- 1		T ADDRESS		15 mykonen et				
CHY-SI-7IP	BOCA RATON FL 33487		DELETE		2. 4 CITY -	ST-ZIP	B	ca Ratm FL 33487		Change	Addition	
THE	SD SCHWIBNER, JANET		பும்வி	I	3.1 TITLE		l	•		- change		
NAME cross supported	3775 MYKONOS CT				3.2 NAME	r address	}					
STREET ADORESS	BOCA RATON FL 33487											
TILE			DELETE		3.4. CITY - 4.1 TITLE	21. 111.	 -			Change	Addition	
NAM:				1	4. 2 NAME							
STREET ADDRESS				1		i address						
CHY-ST-7IP			1		4.4 CITY - 5		l					
TILLE		·	☐ DELETE		5.1 TITLE					Change	Addition	
NAME	[<u> </u>	5.2 NAME		(
STREET ADDRESS] :	5.3 STREET	t address	1					
CHY-SI-ZIP					5.4 CITY - 9	ST-ZIP	<u> </u>					
TITLE	}		DELETE	1	6.1 TITLE]			Change	Addition	
NAME					6.2 NAME							
S1REET ADORESS						I ADDRESS						
CHY-SI-ZP	i				64 CITY - !	ST-7IP	1					

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



FILED

Apr 09 1997 8:00am

Secretary of State

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