

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

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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000051442 (0)
1. Corporation Name
GREAT SCOTT FILM PRODUCTIONS INC



Principal Place of Business: 1944 NE 5TH STREET DEERFIELD BEACH FL 33441
Mailing Address: 1944 NE 5TH STREET DEERFIELD BEACH FL 33441-3709

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 2609 26 CT	26 2609 26 CT	07/16/1993	02/06/1996
22 State, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 Jupiter, FL	28 Jupiter, FL	65-0422572	Not Applicable
24 33477	29 33477	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 US	30 US	<input type="checkbox"/>	<input type="checkbox"/>
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RICHARDSON, DONALD S 1944 NE 5TH STREET DEERFIELD BEACH FL 33441		81 Name Richardson Donald S	
		82 Street Address (P.O. Box Number is Not Acceptable) 2609 26 CT	
		83	
		84 City Jupiter FL	
		85 Zip Code 33477	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOC <input type="checkbox"/> DELETE	1.1 TITLE	CEOC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, D. S.	1.2 NAME	Richardson, D. S. <input checked="" type="checkbox"/> OF ADDRESS
STREET ADDRESS	1944 NE 5TH ST.	1.3 STREET ADDRESS	2609 26 CT
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	CFO <input type="checkbox"/> DELETE	2.1 TITLE	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YONELUNAS, BARBARA	2.2 NAME	Richardson Barbara Jean <input checked="" type="checkbox"/> OF ADDRESS
STREET ADDRESS	1944 NE 5TH ST.	2.3 STREET ADDRESS	2609 26 CT
CITY-ST-ZIP	DEERFIELD BCH. FL	2.4 CITY-ST-ZIP	Jupiter, FL 33477 <input checked="" type="checkbox"/> Name
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richardson* 2/1/96 561-575-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)