

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sheena B. Merchant  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000057841 (7)

1. Corporation Name  
**CARSELL PRODUCTIONS, INC.**



Principal Place of Business: 12 OFFICE PARK DRIVE PALM COAST FL 32137  
Mailing Address: 12 OFFICE PARK DRIVE PALM COAST FL 32137

2. Principal Place of Business: 21 [Blank] 22 [Blank] 23 [Blank] 24 [Blank] 25 [Blank]  
2a. Mailing Address: 26 [Blank] 27 [Blank] 28 [Blank] 29 [Blank] 30 [Blank]

3. Date Incorporated or Qualified: 08/16/1993  
3a. Date of Last Report: 04/18/1995  
4. FBI Number: 59-3199197  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.039, Florida Statutes: [ ] Yes [ ] No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CARO, CORRIS M  
2 CARLSON LANE  
PALM COAST FL 32137

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

11. Pursuant to the provisions of Section 607.060 and 607.061, 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. Hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.061, Florida Statutes.

SIGNATURE: [Blank] DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	PSD	[ ] DELETE
NAME	CARO, CORRIS M	
STREET ADDRESS	2 CARLSON LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VTD	[ ] DELETE
NAME	CARO, SAUL M	
STREET ADDRESS	2 CARLSON LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	[Blank]	[ ] DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	
TITLE	[Blank]	[ ] DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	
TITLE	[Blank]	[ ] DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this form was voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this form is true and correct 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 attached form with an address.

SIGNATURE: [Signature] 4/16/96 (904)445-1404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)