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 # P9300066435 (7)

THRU PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

1647 23 STREET SARASOTA FL 34234

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1647 23 STREET SARASOTA FL 34234-8615

FILED Apr 21 1997 8:00am Secretary of State



ONNOVIN IE	,					7. 600			
					 Date Incorporated or Qualified 09/23/1993 		3a. Date of Last Report 04/25/1996		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			plied For	
21	44	26 Cuito Apt # 010			65-0443777			t Applicable	
Sulte, Apt.	#, 6tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	of Status Desired S8.75 Additional Fee Required			
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for			199.032,	
24	25 29 30				Florida Statutes Yes No				
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Re	gistered Agei	<u>nt</u>		
BACON, FRED L				or wante					
	23 STREET		82 Street Add		ddress (P.O. Box Number is Not Acceptal	ole)			
SARA	ASOTA FL 34234		-	83					
			Ī	84 City		F1 6	5 Zip	Code	
44 Durouant	to the provisions of Sections 607.050	and 607 1508 Florida Statu	tes the at	ove-named o	orporation submits this statement for the p	ournose of cha	anaina il	s registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	t by the corns	pration's board of directors. I hereby acce	pt the appointr	nent as	registered	
SIGNATURE									
	Signature, typed or printed name of registered ages	X 00 (1		Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	SECTOR	IS IN 12	
12.	OFFICERS AND	DELETE	13. 1.1 Til	IF T	ADDITIONS/CHANGES TO OFFIC		Change	Addition	
	BACON, FRED K L	precie	1.2 NA						
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CITY-ST-ZIP	SARASOTA FL 34234			Y-ST-ZIP					
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NAME			2 2 NA	ME					
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CITY-ST-ZIP			2 4 CI	1Y-S1-ZIP					
TITLE		☐ DELETE	31111				Change	Addition	
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET ADDRESS					
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NAME			4.2 N	AME					
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NAME			5.2 NA						
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NAME			6.2 NA						
STREET ADDRESS				REET ADDRESS					
City-St-ZIP	ny partify that the information augustics	Swith this filing does not our	lify for the	IY-SI-ZIP	ated in Section 119.07(3)(i), Florida Statute	es I further co	rtify that	the	
Informatio	o indicated on this annual report or s	upplemental annual report is the receiver or trusjee empo on an attachment with an ac	true and a wered to e	accurate and I	that my signature shall have the same leg port as required by Chapter 607, Florida	al effect as if n Statutes; and t	nade un	ider oatn; tha	