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

1. Corporation	MENT # P940 NONIUM FILMS, INC.	00034521 (2	2)			
Principal Place	e of Business	Mailing Address				
2175 HUNTERFIELD ROAD MAITLAND FL 32751			2175 HUNTERFIELD ROAD MAITLAND FL 32751-3551			
2. Principal Pi	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualified 05/09/1994 4. FEI Number	3a. Date of Last Report 05/29/1996 Applied For
21		26	26		59-3242022	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City R State	City & State			Fee Required
23			28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has hability for	intangible lax under s. 199.032,
24	25	29	30		Florida Statutes	⊈ Yes □ No
	9. Name and Address of C	urrent Registered Agent		1 Name	10. Name and Address of New Ro	egistered Agent
MORROW, CAROL 2175 HUNTERFIELD ROAD MAITLAND FL 32751				2 Street Ac	ldress (P.O. Rox Number is Not Accepta	
11. Pursuant office or reagent. I as	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	7.0502 and 607.1508, Florida S State of Florida Such change v obligations of, Section 607.0509	stalutes, the abovas authorized to the statute of t	ve-named copy the corpo	orporation submits this statement for the ration's board of directors. I hereby acce	PL 85 Zip Code purpose of changing its registered in the appointment as registered
	Signature, typed or pointed name of register			gent signature re-	gured when reinstating)	DAIL
12.	PD	S AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
NAME	MORROW, CAROL	<u> </u>	1.2 NAME			
STREET ADDRESS	2175 HUNTERFIELD ROA	D		EL ADDRESS		
CITY-S1-ZIP	MAITLAND FL 32751		1.4 CHY-	\$1 - 7IP		
TITLE		DELETE	2111111			☐ Change ☐ Addition
NAME			2.2 NAMI			
STREET ADDRESS			■ B	1 ADDRESS		
CITY-ST-ZIP TITLE		DETTE	2 4 CHY 3.1 TITLE	- S1 - ZIF		☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ACCURESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DECETE				Change Addition
NAME			4.2 NAM	E		
STREET ADDRESS			4.3 STRE	LADDRESS		
CITY-ST-ZIP			4.4 City-	S1 - 71P		
TITLE		[] DELETE				Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CHY-			Change Addition
TITLE		Land Detert				F Auenite F Withinit
NAME STREET ADDRESS			6 2 NAM8	LADDRESS		
CITY-S1-7IP			6.4 CITY			

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 truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

and Morrow CAROL MORROW Pres.

4/9/97 407-896-206

FILED

Apr 16 1997 8:00am

Secretary of State