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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

3a. Date of Last Report

0160606

08/08/1996

3. Date Incorporated or Qualified

11/04/1994

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

1167 CORAL CLUB DRIVE **CORAL SPRINGS FL 33071**

STREET ADORESS

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHY-ST-ZIP

DOCUMENT # **P94000081388 (8)**

Mailing Address POST OFFICE BOX 771025

CORAL SPRINGS FL 33077-1025

ANIMATIONEX, INC.

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0532467 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 26 Country Zip Country This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes Yes No 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name CHONTOW, SCOTT 1167 CORAL CLUB DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33071 83 City Zip Code 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 Signatus, Apoid or printed name of registered agent and the if applicable (NOTE: Flegistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. DELETE Addition 1.1 TITLE Change THILE CHONTOW, SCOTT 1.2 NAME POST OFFICE BOX 771025 STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33077-1025 011Y-\$1-78 14 CITY-ST-ZIP CHONTOW, YAMILE 2.2 NAME POST OFFICE BOX 771025 105 STREET ADDRESS 2.3 STREET ADDRESS nla CORAL SPRINGS FL 33077-1025 GH £ 51 20 2 4 CITY - ST-ZIP TITLE DELETE 3.1 TOLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY St 7# 34 CITY-ST-ZIP TIL. F DELETE 4 1 TITLE Change Addition 4. 2 NAME STREET ADJRESS 4.3 STREET ADDRESS CHY-SI 4.4 CITY - ST - ZIP TITLE DÉLETE 5.1 TITLE Change ___ Addition NOM: 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY ST 5.4 CITY-ST-ZIP THE DELETE 6.1 TITLE Change Addition NAME

62 NAME

6.3 STREET ADDRESS

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