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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P94000090229 (3)

EAST-WEST EXHIBITOR SERVICES, INC.

Principal Place of Business

Mailing Address

272 WHISPER LAKE ROAD PALM HARBOR FL 34683 272 WHISPER LAKE ROAD PALM HARBOR FL 34683-553

## FILED Apr 22 1997 8:00am Secretary of State



		PALM MAHBOR FL 34683	•••	Date Incorporated or Qualified	3a. Date of La	ast Report
<u> </u>				12/12/1994	02/22/19	•
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For
Suite Act # etc		26 Suite, Apt. #, etc. 27		59-3020512		Not Applicable
Suite, Apt. #, etc				5. Certificate of Status Desired		75 Additional e Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		der s. 199.032,
4	25	29	30		Yes No	
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Re	distered Agent	
	NE, MERILYN J		81 Name			
	HISPER LAKE ROAD		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
PALM I	HARBOR FL 34683					
			83			
			84 City		85	Zip Code
44 5					FL  °	
SIGNATURE:				rporation submits this statement for the p ation's board of directors. I hereby accep		
કળ 12.	'at we "yped or printed name of registered a		TE: Registeren Agent signature req	ulred when reinstating)	DATE	
		NO DIRECTORS	E 13	ADDITIONS/CHANGES TO DEFIC	EDG AND DIDEC	TODS IN 12
		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
THILE	) · · · · · · · · · · · · · · · · · · ·	NO DIRECTORS  DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
TITLE F	CATONE, MERILYN J		1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFIC		
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Let 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** 

CONSTURE AND TOPED OR PRINTED NAME OF BIGNING

MYJOATONE

5-17-97

854-1553 Davime Prone