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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # POARRORAA7 (1)

Principal Place of Business	Mailing Address	
11920 S.W. 9TH MANOR Davie FL 33325	11920 S.W. 9TH MANOR DAVIE FL 33325-3883	

FILED May 08 1997 8:00am Secretary of State

1. Corporation Name GILCO PRODUCTIONS, INC. Principal Place of Business 11920 S.W. 9TH MANOR DAVIE FL 33325 Mailing Address 11920 S.W. 9TH MANOR DAVIE FL 33325 DAVIE FL 33325-3893											
						Ī	3. Date Incorporated or Qualified 12/12/1994		ate of Last F /11/1996	Report	
2. Principal Place of Business 26. Mailing Address		·				4. FEI Number 65-0561111	· · · · · · · · · · · · · · · · · · ·	} 	pplied For		
Suite, Apt	#, etc.	Suite, Apt. #, etc.						<u> </u>		ot Applicable Additional	
22	2 27			·			5. Certificate of Status Desired Fee Required				
City & State	9	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zip	Country	28	Cou	intry			Trust Fund Contribution 8. This corporation has liability for	intangible			
24	25	29	30				Florida Statutes	Yes	No No	1. 100.002,	
	9. Name and Address of Currer	nt Registered Agent		81	Name		10. Name and Address of New Re	gistered	Agent		
GUILBERT, GUS A JR 11920 S.W. 9TH MANOR			ı								
	IE FL 33325		İ	82	Street A	ddress (P.O. Box Number is Not Acceptable)					
<u> </u>			ļ	83		·	······································				
				84	City				85 Zip	Code	
dd Chan and	to the anadalona of Continua COT OF	22 and 607 1609 Florida Natu	too the o			24225	sting submits this protogoat for the	FL	<u> </u>	ita sociatorod	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was	authorize	d by	the corpo	pration	is board of directors. I hereby acce	pl the ap	pointment as	its registered	
-	m familiar with, and accept the oblig	ations or, Section 607.0505, Fi	ionoa siai	lutes.	,						
	Signature, typed or penteu name of registered ag-			d Agen	l signature re	equired	when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 Ti	T. F		DD	ADDITIONS/CHANGES TO OFFIC		D DIRECTOR Change	RS IN 12 Addition	
TITLE NAME	GUILBERT, GUS A JR	□ veten	1.2 N			PD			A DIREITY	Managaii	
STREET ADDRESS	11920 S.W. 9TH MANOR		1		DDRESS	11	ilbert, Gus A. J 920 S.W. 9th Man	or or			
CITY - ST - ZIP	DAVIE FL 33325		1	ITY-\$T		Da	920 S.W. 9th Man vie, FL 33325				
THLF		DELETE	2.1 TI	TLE					Change	Addition	
NAME			2.2 N								
STREET ADORESS			1	TREET A CITY-ST	ADDRESS						
City-S1-2iF Title		DELETE	3.1 TI		1-211			,	Change	☐ Addition	
NAME			3.2 N	AME							
STREET ADDRESS			3.3 \$	TREET A	ADDRESS						
CITY - ST - ZIP		T DELETE		ITY-ST	1-2IP				Chases	Addition	
TIFLF NAME		☐ DELETE	4.1 TJ 4. 2 N		- [L.J. Change	Addition	
STREET ADDRESS					ADDRESS						
CHY-ST-ZIP			1	ITY-ST	1						
1171.6		☐ DELETE	5.1 TI						Change	Addition	
NAME			5.2 N		[
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP TITLE		DELETE	54 C 6.1 Ti	ITY-ST	- ZIP				Change	Addition	
NAME		hood to be a to	6.2 N		. [
STREET ADDRESS					ADDRESS						
CITY+ST-ZIP			6.4 C	ITY-ST	-ZIP						
14. I do here	by certify that the information supplie	ed with this filing does not qua				ated in	Section 119.07(3)(i), Florida Statute	s. I furth	er certify tha	t the	

information indicated on this a Lam an officer or director of the appears in Block 12 or Block report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ee eripp wered to execute this report as required by Chapter 607, Florida Statutes; and that my name

MAGUE A. Guilbert, Jr. 4/29/9 954-424-2124

0285026