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

| DOCUMEN 1. Corporation Name | T # P950000: | 38104 | | | 1 | | | | | |
|---|---------------|---------------------|---------------------|----------|----------------------|--|---------------------|----------------------------|--|--|
| Realm Pr | oduction And | d Enterta | c. | | | | | | | |
| Principal Place of Busin | ness | Mailing Add | | | | | | | | |
| 150 N. Federal Hwy. Same | | | | | | | • | | | |
| Fort Lauderdale, FL 33301 | | | | | | 3. Date Incorporated or Qualified 05/12/1995 | 1 | of Last Report /31/1996 | | |
| 2. Principal Place of Bu 21 | usiness | 2a. Mailing Address | | | | 4. FEI Number 65-0609891 | | Applied For Not Applicable | | |
| Suite Apt #, etc | | Suite, Ap | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired XX \$8.75 Additional Fee Required | | | | |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| Z ₍ p) | Country 25 | Zip 29 | Co. | intry | | 8. This corporation has liability for in Florida Statutes | ntangible ta Yes | | | |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | | | | |
| Adelstei | n, Steven | | | 81 82 | Name Street Addri | ess (P.O. Box Number is Not Acceptab | e) | | | |
| 624 West Tropical Way | | | | | | | | | | |

Plantation, FL 33317

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

STEVEN ADESTRIN PRESIDENT

4/24/97

| SIGNATURE | Signature typed or printed name of registered agent and title if applicable (NOTE | Registered Agent signature (| required when reinstating) | DATE | |
|-----------------|---|--|---|-----------------|------------|
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTOR | IS IN 12 |
| TITLE | PD DELETE | I.1 TITLE | | ☐ Change | Addition |
| NAME | Adelstein, Steven | 1.2 NAME | | | |
| STREET ADDRESS | 150 N. Federale Hwy; Ste.230 | 1.3 STREET ADORESS | | | |
| CITY-SI-ZIP | Fort Lauderdale, FL 33301 | 1.4 CITY-ST-ZIP | | <u>'</u> | |
| TOLE | D XX DELETE | 2.1 TITLE | | Change | Addition |
| MAME | Appel, Howard M. | 2.2 NAME | | | |
| STHEET ADDRESS | 401 City Ave., Ste. 725 | 2.3 STREET ADDRESS | () () () () () () () () () () | | |
| CITY-ST-ZIF | Bala Cynwd, PA 19004 Finger | 2 4 CITY-ST-ZIP | | | |
| TITLE | DELETE | 3.1 TITLE | i ei | Change | Addition |
| NAME | | 3.2 NAME | | | |
| STREET ADDRESS | | 3.9 STREET ADDRESS | | 100 | |
| C(1) - ST- 7/P | | 3.4 CITY-ST-ZIP | | 1 | |
| TITLE | AS XX DELETE | 4.1 TITLE | | Change | Addition |
| NAME | Cooper, Marshall J. | 4. 2 NAME | 4 A. | -11 | 1 |
| STREET ADDRESS | One Financial Plaza, Ste 1600 | 4.3 STREET ADDRESS | *** | 75. | |
| City-St-ZiP | Ft. Lauderdale, FL 33394 | 44 CITY-ST-ZIP | | | |
| TITE | DELETE | 5 1 TITLE | , , , , , , , , , , , , , , , , , , , | ☐ Change | ☐ Addition |
| NAME | | 52 NAME | | 4 | 0.5 |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | 5/1/2 |
| City - S1 - Zip | | 5 4 CITY - ST - ZIP | £ | . : | 216/97 |
| TIFLE | DELETÉ | 6 1 TITLE | | ☐ Change | Addition . |
| NAME | | 62 NAME | 90000217 -05/13/97010 | 76489 | • |
| STREET ADDRESS | | 63 STREET ADDRESS | | 151006 | |
| AUT. 41 7:0 | | C 4 70 T V T T T T T T T T T T T T T T T T T | ***173 75 | | |

14. If 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:

FILED

May 06 1997 8:00am

Secretary of State