

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041196 (3)

1. Corporation Name

COMING ATTRACTIONS GRIP & ELECTRIC, INC.



Principal Place of Business

567 BISHOPGATE LN
JACKSONVILLE FL 32204

Mailing Address

567 BISHOPGATE LN
JACKSONVILLE FL 32204

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

BARTH, CHARLES U
567 BISHOPGATE LN
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified

05/18/1995

3a. Date of Last Report

4. FEI Number

59-3318867

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.005, 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 607.005, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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33 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

34 TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

SIGNATURE: Thomas P. Wheatley THOMAS WHEATLEY 4/15/96 904-353-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (12/95)