

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000056625 (3)
1. Corporation Name

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SKY'S THE LIMIT MOTION PICTURE CORPORATION

Principal Place of Business

161 SOUTHWEST 6TH TERRACE
BOCA RATON FL 33486

Mailing Address

161 SOUTHWEST 6TH TERRACE
BOCA RATON FL 33486-4625

FILED
Jan 22 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address 26 2886 BANYAN BLVD CIRCLE NW	3. Date Incorporated or Qualified 07/20/1995	3a. Date of Last Report 06/20/1996
21	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0602520	Applied For Not Applicable
22	City & State 27 BOCA RATON FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29 33431	30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MERLES, WALLACE R 2886 BANYAN BLVD CIRCLE NW BOCA RATON FL 33431			10. Name and Address of New Registered Agent 81 Name MERLES, WALLACE R 82 Street Address (P.O. Box Number is Not Acceptable) 2886 BANYAN BLVD CIRCLE NW 83 BOCA RATON 84 City FL Zip Code 33431	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 1/13/97				
12. OFFICERS AND DIRECTORS				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALLACE R. MERLES

1/13/97

(56) 989-0434
11-12-27

Daytime Phone #