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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 20 1998 8:00am

Secretary of State

Applied For
Not Applicable
\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees

PACE

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

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

10. Name and Address of New Registered Agent

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # P9

MERLES, WALLACE R

BOCA RATON FL 33431

2886 BANYAN BLVD CIRCLE NW

24

P95000056625 (3)

SKY'S THE LIMIT MOTION PICTURE CORPORATION

Name and Address of Current Registered Agent

Principal Place of I	Business	Mailing Addres	s		
161 SOUTHWEST 6TH TERRACE BOCA RATON FL 33486		2886 BANYAN BLVD CIRCLE NW BOCA RATON FL 33431 US		DO NOT WRITE IN THIS S	
				 Date Incorporated or Qualified 07/20/1995 	
2. Principal Place	of Business	2a. Mailing Add	ress	4. FEI Number 65-0602520	
Suite, Apt. #, et	c.	Suite, Apt. #	, etc.	Certificate of Status Desired	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	
Zip	Country	Zip	Country	This corporation owes or has paid.	the our

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

81 Name

83

0/98						
E / ' -						
Signature, typed or printed harne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) / .DATE / 12. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
	Addition					
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☐ Change	☐ Addition					
	1					
☐ Change	Addition					
Change	Addition					
Change	☐ Addition					
	i					
☐ Change	☐ Addition					
☐ Change	☐ Addition					

14. Thereby 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: LOGGER R. NEQUES MIALLACE R. MEDISPIBOL 95 (261) 689-043 (