


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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P95 000062398</b>			
1. Corporation Name <b>PALM BEACH PRODUCTIONS, INC</b> <b>129 COVENTRY PLACE</b> <b>PALM BEACH GARDENS, FL 33418</b>			
Principal Place of Business <b>129 COVENTRY PLACE</b> <b>PALM BEACH GARDENS, FL 33418</b>		Mailing Address <b>129 COVENTRY PLACE</b> <b>PALM BEACH GARDENS, FL 33418</b>	
2. Principal Place of Business <b>535 GREEN SPRINGS PLACE</b>		3. Date Incorporated or Qualified <b>8/14/95</b>	
21. Suite, Apt., etc. <b>C/O TRAVIS</b>		3a. Date of Last Report <b>3/25/96</b>	
22. City & State <b>WEST PALM BEACH</b>		4. FEI Number <b>65-0608671</b>	
23. Zip <b>33409</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country <b>PB</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>GARY FIELDS, ESQ.</b> <b>4400 PGA BOULEVARD</b> <b>SUITE 700</b> <b>PALM BEACH GARDENS, FL 33418</b>		10. Name and Address of New Registered Agent 81. Name <b>MERCEDES TRAVIS</b> 82. Street Address (P.O. Box Number is Not Applicable) <b>535 GREEN SPRINGS PLACE</b> 83. City <b>WEST PALM BEACH</b> 84. State <b>FL</b> 85. Zip Code <b>33409</b>	
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 <b>MERCEDES TRAVIS</b> <i>M Mercedes Travis</i> <b>4/28/97</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE <b>PRESIDENT</b>		11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME <b>FRANK SUGRUE</b>		12. NAME	
3. STREET ADDRESS <b>129 COVENTRY PL, PB 4, 71</b>		13. STREET ADDRESS	
4. CITY-STATE-ZIP <b>33418</b>		14. CITY-STATE-ZIP	
5. TITLE <input type="checkbox"/> DELETE		21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME		22. NAME	
7. STREET ADDRESS		23. STREET ADDRESS	
8. CITY-STATE-ZIP		24. CITY-STATE-ZIP	
9. TITLE <input type="checkbox"/> DELETE		31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME		32. NAME	
11. STREET ADDRESS		33. STREET ADDRESS	
12. CITY-STATE-ZIP		34. CITY-STATE-ZIP	
13. TITLE <input type="checkbox"/> DELETE		41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME		42. NAME	
15. STREET ADDRESS		43. STREET ADDRESS	
16. CITY-STATE-ZIP		44. CITY-STATE-ZIP	
17. TITLE <input type="checkbox"/> DELETE		51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME		52. NAME	
19. STREET ADDRESS		53. STREET ADDRESS	
20. CITY-STATE-ZIP		54. CITY-STATE-ZIP	
21. TITLE <input type="checkbox"/> DELETE		61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME		62. NAME	
23. STREET ADDRESS		63. STREET ADDRESS	
24. CITY-STATE-ZIP		64. CITY-STATE-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)(c), 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 as an attachment with an address. SIGNATURE: <i>Frank Sugrue</i> <b>FRANK SUGRUE, PRESIDENT</b> Date <b>4/28/97</b> Daytime Phone # <b>561 615-4033</b>			

CR2E034 (9/96)