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 DOCUMENT # P95000071937 (3)

FILED Apr 23 1997 8:00am Secretary of State

	REA PHODUCTIONS, INC.	AA Maa			
	ce of Business	Mailing Address		r iddiriaat sia talat dhiit dain dail dail	Sauth lands binds thiad fifft said fall
441 OLOLU DRIVE WINTER PARK FL 32789		441 OLOLU ORIVE WINTER PARK FL 32789-	2857	·	
				3. Date Incorporated or Qualified 09/18/1995	3a. Date of Last Report 04/12/1996
2. Principal F	Pace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3336537	Not Applicable
Suite, Apt.		Suite Apt. #, etc. 27 P.O. Box 941	713	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State	~ (6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 MaitLand,	Country	Trust Fund Contribution	Added to Fees
24)	25	29 32794-1713	30 U.S.A	8. This corporation has liability for in Florida Statutes	Yes X No
E-41	9. Name and Address of Curre		1301 14.3 14	10. Name and Address of New Re	
DD/	ASHEAR, ROGER C		81 Name		
			P2 Street Add	ress (P.O. Box Number is Not Acceptab	10)
	NTER PARK FL 32789		OF Slied Add	less (1.0. box number is not Acceptab	10)
,		•	83		
			84 City		85 Zip Code
			1111		FL I
office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig		authorized by the corporal lorida Statutes. TE Registered Agent signature requi	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointment as registered
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
Till(£	PD	DELETE	1.1 TOTLE		Change Addition
NAME	BRASHEAR, EUPHEMA A		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK FL 32789		1.4 CITY-ST-ZIP		
TITLE	STD	DELETE	21 TITLE		Change Addition
NAME	BRASHEAR, ROGER C		22 NAME		
STREET ADDRESS	441 OLOLU DRIVE		2.3 STREET ADDRESS		
CITY-ST-7/P	WINTER PARK FL 32789		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Additio
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7#		[7] https://doi.org/	3.4. CITY-ST-ZIP		T 2000
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4 3 STREET ADDRESS	•	
CHY-St-7P		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
THTLE NAME		L.J DELETE	5.2 NAME	•	CT preside CT vocation
STREET ADORESS	}		5.3 STREET ADDRESS		
CITY+ST-ZIP THLE		DELETE	5.4 CITY-ST-ZIP 6.1 T(TLE		Change Addition
NAM!		percit	6.2 NAME	•	The second of the second
STREET ADDRESS	}		6.3 STREET ADDRESS		
CITY - S1 - ZIP			6.4 CITY+S1-ZIP		
Giraran Zir	1		1 04 0111-31-4F	dia Castina 440 07(0)(i) Clasida Ciatida	14.41.

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.