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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500084196 (1)

DITOCCO PRODUCTIONS, INC.

## FILED Apr 08 1997 8:00am Secretary of State



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	ice of Business	Mailing Address			·			
2114 N.E. 213 Fort Laude	ST STREET RDALE FL 33305	2114 N.E. 21ST STREET FORT LAUDERDALE FL S	33305-2523					
					3. Date Incorporated or Qualified 10/30/1995	3a. Date of 01/24/1		eport
2. Principal	Place of Business	2a. Mailing Address	***************************************		4. FEI Number	<del></del>	Ap	plied For
		26			59-3344551		No	t Applicab
Suite Apt	t. #. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Sta	ate	City & State			Election Campaign Financing     Trust Fund Contribution	A	5.00 Added t	May Be to Fees
Ziρ	Country	Zip	Country	······································	8. This corporation has liability for in	ntangible tax u	ınder s.	199,032,
l	25	29	30			Yes 🔲 No		
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Reg	istered Agen	t	
	TOCCO, ANTHONY III		81	Name				
	14 N.E. 21ST STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)		
F0	ORT LAUDERDALE FL 33305					-,		
			83					
			84	City		85	Zip (	Code
						PL I	1	
					oration submits this statement for the prion's board of directors. I hereby accep			
IGNATURE	Signature, typed or printed name of registers	act agent and title if applicable (NC	TE: Registered Agent		ed when reinstating)	DATE		
ignature 2.	Signature, typed or printed name of registers					DATE ERS AND DIR		S IN 12
GNATURE L	Signature, typed or publied name of register OFFICE RS	aid agent and title if applicable (NC S AND DIRECTORS	TE: Registered Agent		ed when reinstating)	DATE ERS AND DIR	ECTOR	S IN 12
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I not ready certify that the short and a statutes are 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 OF DIRECTOR

3/27/97 (954)*5*63-4771

ne Phone #