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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087696 (7) FIN HEAD PRODUCTIONS, INC.

Principal	Place	of	Business

FILED Apr 23 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address										
1249 SE 32ND STREET OCALA FL 34471		1249 SE 32ND STREET OCALA FL 34471-6658										
OONEN IL OTT	'											
				3. Date Incorporated or Qualified 3a. Date of Last Report 07/23/1996								
2. Principal Pl	ace of Business	2a. Mailing Addre	ss			4. FEI Number	<u> </u>	Ap	plied For			
21		26	26			59-3388095		No	t Applicable			
Sulte, Apt. #, etc.		Suite, Apt #,	Suite, Apt #, etc.			5. Certificate of Status Desired \$8.75 Additional						
22		27				. Commedia of States Best Ba		Fee Re	equired			
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be						
23	28				Trust Fund Contribution		Added 1					
Zip	Country	Zip	— 1	intry		· · · · · · · · · · · · · · · · · · ·	s liability for intangible tax under s. 199.032,					
24	25	29	30			Florida Statutes Yes No 10 Name and Address of New Registered Agent						
540	9. Name and Address of Cu	rrent Registered Agent		81 Nan		O. Name and Address of New Re	gistered Ag	em.				
	GETT, GLENN R	E D 44		Nan	iic							
	WEST GRANADA BLVD., STI	t. U-11		82 Stre	et Address	t Address (P.O. Box Number is Not Acceptable)						
ORMOND BEACH FL 32174				83								
				63								
				84 City	,		P* 1	85 Zip (Code			
				<u> </u>			FL	Ц.,,				
11. Pursuant t	to the provisions of Sections 607. egistered agent, or both, in the S	.0502 and 607.1508, Florid State of Florida. Such chanc	a Statutes, the al se was authorize	bove-nam d by the c	ed corporal corporation's	ion submits this statement for the p s board of directors. I hereby accep	orpose of cl of the appoir	nanging it ntment as	s registered registered			
agent. I a	m familiar with, and accept the o	bligations of Section 607.0	i505, Florida Sta	tutes.	•	•	.,					
SIGNATURE	Signature, typod or printed name of registers						DATE					
12.		AND DIRECTORS	(NOTE Registere	a Agent signa	sture required wi	ADDITIONS/CHANGES TO OFFIC		IBECTOS	S IN 12			
TITLE	DPAS	DEI		TLF		ABBITTOTOTOTOTO		Change	Addition			
NAME	MAZZANOBLE, GARY S	_	1.2 N									
STREET ADDRESS	1249 SE 32ND STREET			TREET ADDRES	22							
CITY-ST-ZIP	OCALA FL			ITY - ST - ZIP	30							
TITLE	DVST	DEL						Change	☐ Addition			
NAME	MAZZANOBLE, JOHN J		2.2 N	AME.	1							
STREET ADDRESS	1249 SE 32ND STREET		2.3 S	TREET ADDRES	ss							
CITY-ST-ZIP	OCALA FL			:11Y-S1-ZIP		•						
TITLE		DEC					Ţ.	Change	☐ Addition			
NAME			3.2 N	AME								
STREET ADDRESS			3.3 \$	TREET ADDRES	ss							
CITY-ST-ZIP			3.4. 0	ITY-ST-ZIP								
TITLE		☐ DE						Change	☐ Addition			
NAME			4.21	IAME.								
STREET ADDRESS			4.3 S	TREET ADDRES	ss							
CITY-ST-ZIP			4.4 C	ITY-ST-ZIP								
TITLE		☐ DE	ETE 5.1 7:	TLE			L	Change	Addition			
NAME			5.2 N	AME								
STREET ADDRESS			5.3 S	TREET ADDRES	ss							
CITY-ST-ZIP	,		5.4 C	ITY - ST - ZIP								
TITLE		☐ DE					L	Change	☐ Addition			
NAME			62 N	AME								
STREET ADDRESS			6.3 S	TREET ADDRES	ss							
CITY-ST-ZIP				11Y-S1-7/P								

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 chapted, or on an attachment with an address.