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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

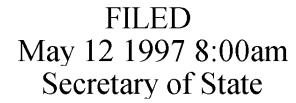
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000020068 (8)

MOVIE FIVE, INC.





Principal Place of Business 5820 SOUTHEAST OAK ROAD		_	Address	.40		A harman har raine anni anni anni santi santi shita shiti santi santi santi santi santi			
BELLEVIEW FL			Dutheast Oak Ro: IEW FL 34420-4010	AU					
:						3. Date Incorporated or Qualified 03/05/1996	3a. Date	of Last F	Report
2. Principal P	lace of Business	2a. Mai	ling Address			4. FEI Number		I A	pplied For
21		26				59-3363881			ot Applicable
Suite, Apt	#, etc	Suit	e, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			vol.		Additional
22		27				5. Certificate of Status Desired	X.		equired
City & State	e	City	& State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zφ	Country	Zip		Country	,	8. This corporation has liability for I	nlangible tax	under s	199.032,
24	25	29		30			Yes 🔲		
4100	g, Name and Address of Curre	nt Registered	l Agent		L A1	10. Name and Address of New Re	gletered Ag	ent	
	FRILAWYER CHARTERED			81	Name				
	ALMERIA AVENUE			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
COF	RAL GABLES FL 33134								
				83					
				84	City		1	35 Zip	Code
					'		▐▀▙▕	1 `	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.15	08, Florida Statutes	s, the abov	e-named cor	poration submits this statement for the pation's board of directors. I hereby accep	urpose of ch	anging i	ts registered
agent. La	m familiar with, and accept the oblig	gations of, Sec	tion 607.0505, Flor	ida Statute	у иле сограж 8.	ation's board or directors, I hereby accep	it the appoin	tment as	registered
SIGNATURE									
	519 while Typed or printed hamic of registered ap			Registered Ag	ent signature requ	dred when reinstating)	DATE		
12.	PD OFFICERS AT	VD DIRECTOR		13.		ADDITIONS/CHANGES TO OFFIC			
THILE			☐ DELETE	1.1 TITLE				Change	Addition
NAME	PHILLIPS, DAVID R	n		1.2 NAME					
STREET ADDRESS	5820 SOUTHEAST OAK ROA	ט		1.3 STREET	ADDRESS				
CITV - SI - ZiP	BELLEVIEW FL 34420			14 C/TY- S	IT-ZIP				
THE	STD		DELETE	21 TITLE	İ		Г	Change	Addition
NAME	BULECZA, JOHN T	^		22 NAME					
STREET ACIDRESS	5820 SOUTHEAST OAK ROA	U		2.3 STREET	ADDRESS				
CHY-S1-ZiP	BELLEVIEW FL 34420			2.4 CITY-	ST-ZIP				
T TLE			☐ DELETE	3.1 TITLE		***		Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-2IP		····		3.4. CITY - 3	ST-ZIP				
TITLE			DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADORESS				4.3 STREET	ADDRESS				1
OTY-ST-ZIP				4.4 CITY - S	T-ZIP				
TITLE			☐ DELETE	5.1 TITLE				Change	Addition
NAMÉ				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
C(TY - ST - 2)P				5.4 CITY-S	T-ZIP				
TITLE			DELETE	6.1 TITLE				Change	Addition
NAME:				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY - ST - ZIP			•	6.4 CiTY~S					-
	and the state of the second of				<u> </u>				

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.

SIGNATURE

INPhillip Mer 4.29-9, 352/347-3300