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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

information indicated on this annual report or supplemental annual am an officer or director of the comporation or the receiver or tri

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024017 (1)

GULFSTREAM FILMS, INC. Principal Place of Business Mailing Address 1832 72ND AVENUE NORTHEAST 1832 72ND AVENUE NORTHEAST ST. PETERSBURG FL 33702-4714 ST. PETERSBURG FL 33702 3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1996 2. Principal Place of Business 2s. Mailing Address Applied For 21 Not Applicable \$8.75 Additional Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199,032, Yes No 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MYERS, ROBERT J 1135 PASADENA AVENUE SOUTH 82 SUITE 140 83 ST. PETERSBURG FL 33707 11. Pursuant to the provision and 607.1508, Florida Statules, the above-named corporation submits this is this stateme it for the purpose of changing its registered directors. I weby accept the appointment as registered it for the purpose of chang office or registered of Florida Such change was authorized by the corporation's board aglions of, Section 607.0505, Florida Statutes. agent. I am fami SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. **OFFICERS** DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE **PSTD** ___ Addition 111000 CARR, RICHARD WADE JR. NAME 1.2 NAME 1832 72ND AVENUE NORTHEAST STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33702 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2171718 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2.4 CITY - ST - 7IP DELETE TITLE Change Addition 3.1 Total NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, City-St-ZiP DELETE TITLE 4.1 1111.1 Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TOLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME

63 STREET ADDRESS

nnual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that ritrusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 CHY-ST-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)(i), Florida Statutes. I further certify that the