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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048226 (0)

1. Corporation Name
T.C. PRODUCTIONS, INC.



Principal Place of Business
1 NORTH OCEAN BLVD. SUITE 200
BOCA RATON FL 33433

Mailing Address
1 NORTH OCEAN BLVD. SUITE 200
BOCA RATON FL 33432-5135

3. Date Incorporated or Qualified 06/03/1996	3a. Date of Last Report 06/03/96
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 Change to: Suite 6	27 Change to: Suite 6
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

-----MITCHELL A. SHERMAN, P.A.-----
-----7000 W. PALMETTO PARK RD., SUITE 206-----
-----BOCA RATON FL 33433-----

DELETE

10. Name and Address of New Registered Agent

81 Name Thomas J. Cormier
82 Street Address (P.O. Box Number is Not Acceptable) 1 North Ocean Blvd. Suite 6
83
84 City Boca Raton
85 Zip Code FL 33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Thomas J. Cormier* April 28, 1997
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	COMIER, TOM
STREET ADDRESS	8532 CEDAR COVE DR
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cormier, Thomas J.
1.3 STREET ADDRESS	67 N.W. 45th Ave. #305
1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Crowe, Dennis V.
2.3 STREET ADDRESS	19390 Collins Ave. #1503
2.4 CITY-ST-ZIP	N. Miami Beach, FL 33160
3.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cormier, Marylynn H.
3.3 STREET ADDRESS	67 N.W. 45th Ave. #305
3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 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: *Thomas J. Cormier* April 28, 1997 (561)447-1922
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)