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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000064700 (3)

1. Corporation Name
SCREAMING EAGLE INVESTMENTS, INC.



Principal Place of Business
1795 HIDDEN LAKE DRIVE
ROCKLEDGE FL 32955

Mailing Address
1795 HIDDEN LAKE DRIVE
ROCKLEDGE FL 32955-3054

3. Date Incorporated or Qualified 08/02/1996	3a. Date of Last Report
4. FEI Number 59-3396912	Applied For Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1677 LAKE DRIVE Suite, Apt. #, etc. 22 City & State 23 COCOA, FLORIDA Zip 24 32922	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 US
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9. Name and Address of Current Registered Agent
WOOLFE, ROBERT C
1795 HIDDEN LAKE DRIVE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	Woolfe Robert C. 775 E. MERRITT ISLAND Cswy. SUITE 110 MERRITT ISLAND FL 32952
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	WOOLFE, ROBERT C
STREET ADDRESS	1795 HIDDEN LAKE DRIVE
CITY-ST-ZIP	ROCKLEDGE FL 32955
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	VICE PRES + SECRETARY + DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Woolfe Robert C.
1.3 STREET ADDRESS	1795 HIDDEN LAKE DRIVE
1.4 CITY-ST-ZIP	ROCKLEDGE, FL. 32955
2.1 TITLE	PRESIDENT + DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LOVELL, RONALD D.
2.3 STREET ADDRESS	103 RIVER HEIGHTS DRIVE
2.4 CITY-ST-ZIP	COCOA, FL 32922
3.1 TITLE	TREASURER + DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wagoner, Wendy
3.3 STREET ADDRESS	1545 SO. OAKS DRIVE
3.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952
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	

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert C. Woolfe 4/10/97 407-4081

CR2E034 (9/96)