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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # PAROLOGRARRY (4)

Principal Place of Business	Mailing Address
1060 WEST STATE ROAD 434. BUITE 160 LONGWOOD FL 32750	1080 WEST STATE ROAD 434, SUITE 180 LONGWOOD FL 32750-4853

## **FILED** May 08 1997 8:00am Secretary of State

STAPLETON STUDIOS INC.  Principal Place of Business  1060 WEST STATE ROAD 434. BUITE 180 LONGWOOD FL 32750  LONGWOOD FL 32750  LONGWOOD FL 32750-4853				: 160						
						}	3. Date incorporated or Qualified	3a. D	ate of Last F	Peport
2. Principal P	lace of Business	2a. Mailir	ng Address				10/11/1996 4. FEI Number		T <sub>A</sub> ,	pplied For
1	and of Commission	26	,g , 100,1000			İ	59-3400219		<del></del>	of Applicable
Suite, Apl.	#, etc.	····	, Apt #, etc.	******			5. Certificate of Status Desired		\$8.75	Additional equired
City & State			& State				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution			lo Føes
Zip	Country	Zip		Coun	try		8. This corporation has liability for			3. 199.032,
24	25	29		30				Yes		
	9. Name and Address of Curr	ent Registered	Agent			1	0. Name and Address of New F	registered	Agent	
STA	PLETON, JEFF			}*	Name					
	0 West State Road 434, Sl	JITE 160		ē	2 Street	Address	(P.O. Box Number is Not Accept	able)		······································
LON	IGWOOD FL 32750			<u> </u>			· · · · · · · · · · · · · · · · · · ·			
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				Ē	4 City			····	<b>85</b> Zip	Code
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	Signature, typical or printed name of registered	agent and tide if applic		lorida Statur TE: Registered /	tes.		han reinstating)	DATE		DC IN 12
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red nervey certify that the minimization supplies with this image does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 10 tiner 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 eath; 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: