**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086482 (2)

BRUCE STARK STUDIOS, INC.

Principal Place of Business

Mailing Address

## **FILED** May 06 1997 8:00am Secretary of State



212 ELM AVENUE MELBOURNE BEACH FL 32951		212 ELM AVENUE MELBOURNE BEACH FL 32951-2420				
				3. Date Incorporated or Qualified 10/18/1996	3a. Date of Last F	Report
	lace of Business	2a. Mailing Address	······································	4. FEI Number	1 A	pplied For
21 1715	CLARENDON AUE	26 1715 GLARBA	Vous AVE	593411718		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.	1100 719.	5. Certificate of Status Desired	\$8.75	Additional equired
City & State		City & State 28 AMELAND	h	Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip 24 738	Country	29 33803 30	Country	This corporation has liability for in Florida Statutes		
	9. Name and Address of Current R	Registered Agent	·	10. Name and Address of New Reg	stered Agent	
STAF	RK, BRUCE		81 Name			
212 (	ELM AVENUE BOURNE BEACH FL 32951		82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
MPM	DOORING DEAOTH E 02801		63			
					_	
			64 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607,0502 a	ind 607.1508. Florida Statutes	the above named corn	poration submits this statement for the nu	unage of changing i	le registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	orized by the corporat	ion's board of directors. I hereby accep-	the appointment as	registered
	and accopt the obligation	als of, section 607,000s, Florid	ia Siaiulės.			
SIGNATURE:	Signature, lyped or printed name of registered agent ar	rid trie if applicable (NO?E: Go	egistered Agent a gnature requir	red when reinstaling)	DATE	
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	D	DELETE	1.1 TITLE		Change	Addition
NAME	STARK, BRUCE		1.2 NAME			
STREET ADDRESS	212 ELM AVENUE		1.3 STREET ADDRESS	1715 CLARENDON	AUG	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		1.4 CITY+ST-ZIP	LANGLAND FL	3380	3
TITLE		☐ DE(ETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 C(1Y-S1-ZIP			
TITLE		☐ DELFTE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			}
CITY-ST-ZIP			34 CHY-S1-ZIP			i
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STHEET ADDRESS			
CITY-ST-ZIP			4.4 CHY+S1+ZIP			
TITLE		∭ DEL€1E	5.1 TIMLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-7IP			
TITLE		☐ DELETE	61 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14. Ldo hereh	ov certify that the information supplied w	ith this filing does not availed for	or the evernation stated	Lin Section 110 07(3Vi), Electeda Statutos	14	46.

I do nereby certify that the information supplied with this filling 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.