

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000087470 (6)**
1. Corporation Name
CLARK FILMS INTERNATIONAL, INC.

97 OCT -2 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2031 IPSDEN DRIVE ORLANDO FL 32837	Mailing Address 2031 IPSDEN DRIVE ORLANDO FL 32837
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2031 Ipsden Dr.		2a. Mailing Address 26 AS Above		3. Date Incorporated or Qualified 10/23/1996	3a. Date of Last Report First Time
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip		29 Country		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CLARK, CINDY 2031 IPSDEN DRIVE ORLANDO FL 32837				10. Name and Address of New Registered Agent	
				81 Name	None
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL
				85 Zip Code	

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 *Uphelia L. Clark* DATE **9-10-97**
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	200002314262-1		
NAME	CLARK, CINDY			1.2 NAME	-10/07/97-01077-018		
STREET ADDRESS	2031 IPSDEN DRIVE			1.3 STREET ADDRESS	****\$550.00 ****\$550.00		
CITY-ST-ZIP	ORLANDO FL 32837			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARILLO, JOSE			2.2 NAME			
STREET ADDRESS	2031 IPSDEN DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32837			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FREDA, JON			3.2 NAME			
STREET ADDRESS	759 GRETN COURT			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708			3.4 CITY-ST-ZIP			
TITLE		<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 the address.

SIGNATURE *Uphelia L. Clark* DATE **9-10-97**

CP2E034 (4/97)