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 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000093505 (1)

CLEMATIS PRODUCTIONS, INC.

FILED Sep 25 1997 8:00am Secretary of State

Principal Place of Business Mailing Address																ODAIO FOIA			FI BIJI LODI		
16133 JUPITER FARMS ROAD 16133 JUPITER FARMS RO							OAD														
JUPITER FL 33478 JUPITER FL 33478										DO NOT WRITE IN THIS SPACE											
										3. Date Incorporated or Qualified 3s. Date of Last Rep							port				
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2. Principal Place of Business 2a. Mailing Address										4. 5	Et Numb	er			<u>.</u>		т-	TADO	ilied For	-	
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Suite, Apt.		Suite, Apt. #, etc.						1					-		\$8.7		dditional				
22		27						b. C	ertificate	9 01 51	alus Di	estrea		_	Fe	e Rec	lnįteg	╛			
City & State		City & State						6. Election Campaign Financing \$5.00 May										1			
23				28							rust Fun								Fees	_	
Zip	Country			Zip Cou				y		8. This corporation owes or has paid the current year Intangible											
24 25 29 29 9. Name and Address of Current Registered Agent							30]			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent											
LESHAW, JAMES P.S. 81 Name											1										
1221 BRICKELL AVENUE								_	<u> </u>)ga 1		<u>, </u>							4	
FLORIDA FL 33131								2	Street Addres	ss (P.O. flox Number is Not Ac				1000 F	Taple .	450	us R		أمحط		
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11. Pursuant t	to the provisi	ions of Section	s 607.0502 ar	id 607.1	508, Flor	da Statute	s, the abo	ve-r	named corpo	ration s	submits	ihis sta	lemer	t for th	e pur	ose of	changi	ng its	registere	d	
office of fi	egistered ag m familiag wi	ent, or both, ir th, and accept	i the State of E the obligation	iorida. 3 is of, Sc	such char ection 607	nge was ai <u>.0</u> 505, Floi	umonzea t ida Statut	oy ti 98.	ne corporatio	n's boa	ara ot al	rectors					ointmer	ıt as rı	egistered		
SIGNATURE	YXO	3an	سككسيك ا	274	.	ر								1- I	2~(17					
	Signature, typed		egistered agent an			TCM)		gent	signature required							DATE				_],	
12.	<u> </u>	OHI	CLBS AND D	RECTO		ELFTE	13.			AD	DITION	S/CHA	NGES	10 OF	FICER	IS AND	DIREC Cha		IN 12	<u> </u>	
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NAME REYNOLDS, BURTON L STREET ADDRESS 16133 JUPITER FARMS ROAD							1.2 NAME		200000											- 8	
CITY-ST-ZIP JUPITER FL 33478								3 STREET ADDRESS 4 DITY-ST-ZIP												- 6	
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I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.97(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 accurate 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.