

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **S66832** (4)

1. Corporation Name  
**GARTEC PRODUCTIONS, INC.**

Principal Place of Business <b>280 BAY AVE. DEFUNIAK SPRINGS FL 32433 US</b>	Mailing Address <b>280 BAY AVE. DEFUNIAK SPRINGS FL 32433-2802 US</b>
---	--



3. Date Incorporated or Qualified <b>07/17/1991</b>		3a. Date of Last Report <b>04/09/1996</b>	
4. FEI Number <b>59-3070768</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BISHOP, ELIZABETH M. 280 BAY AVENUE DEFUNIAK SPRINGS FL 32433</b>		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	<b>BISHOP, ELIZABETH M.</b>				
STREET ADDRESS	<b>280 BAY AVE.</b>				
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	<b>VANSLATE, GENEVIEVE M.</b>				
STREET ADDRESS	<b>11526 DUNLAP</b>				
CITY-ST-ZIP	<b>HOUSTON TX</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>ZIMERLE, CAROLYN M.</b>				
STREET ADDRESS	<b>1028 FALCONCREST</b>				
CITY-ST-ZIP	<b>LAWRENCEVILLE GA</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>CALAY, TAWEE M.</b>				
STREET ADDRESS	<b>10527 BLUE WING COURT</b>				
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>MANNING, WAYNE O JR</b>				
STREET ADDRESS	<b>1135 PONTE VEDRA BLVD</b>				
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
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: *Elizabeth M. Bishop* 1-20-97 904-837-9730  
Date Daytime Phone #