


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

**FILED**  
**Jan 29, 1999 8:00am**  
**Secretary of State**

01-29-1999 90060 048 \*\*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S91516**

1. Corporation Name  
**FAWNORTH INTERNATIONAL PICTURES CORPORATION**



Principal Place of Business 14400 SW 46TH COURT Ocala FL 34473 US	Mailing Address DRAWER 367 OXFORD FL 34484 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/23/1991	59-3089844
22 City & State	27 City & State	5. Certificate of Status Desired	Applied For
23 Zip	28 Zip	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	Not Applicable
24 Country	29 Country	6. Election Campaign Financing	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
25	30	Trust Fund Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No
		8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FAW, LARRY DEAN**  
 14400 SW 46TH COURT  
 Ocala FL 34473

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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	DC	<input type="checkbox"/> DELETE
NAME	FAW, LARRY D.	
STREET ADDRESS	14400 SW 46TH COURT	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAW, GENEVIEVE H.	
STREET ADDRESS	14400 SW 46TH COURT	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEVILLE, VINCENT J	
STREET ADDRESS	9635 NORCHESTER CIR.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: Larry Dean Faw 1/12/99 (352) 347-3949  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)