

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

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V00274 (3)
1. Corporation Name
FLORIDA FILMS, INC.

Principal Place of Business Mailing Address
~~1000 MIAMI CENTER~~
~~2000 S. BAYSHORE DRIVE~~
~~MIAMI FL 33133~~
~~1000 MIAMI CENTER~~
~~2000 S. BAYSHORE DRIVE~~
~~MIAMI FL 33133~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2601 S. Bayshore Drive Suite, Apt. #, etc. 22 #1600 City & State 23 Miami, FL Zip 24 33133		2a. Mailing Address 26 2601 S. Bayshore Drive Suite, Apt. #, etc. 27 #1600 City & State 28 Miami, FL Zip 29 33133		3. Date Incorporated or Qualified 12/10/1991 4. FEI Number 65-0301431 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent OLLE, DENNIS J. 201-A BISCAYNE BLVD. SUITE 1600 MIAMI FL 33133		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2601 South Bayshore Drive 83 Suite 1600 84 City Miami 85 Zip Code FL 33133	
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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 *Dennis J. Olle* DATE 1/9/98
Signature of person or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTEAD, H. WHARTON, JR	1.2 NAME	
STREET ADDRESS	201-A HILLSIDE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28209	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLLE, DENNIS J	2.2 NAME	
STREET ADDRESS	201-A BISCAYNE BLVD. #1600	2.3 STREET ADDRESS	2601 S. Bayshore Drive #1600
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	Miami, FL 33133
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 *1/1/98* *2/2/98* *604* *225-9269*

CR2E034 (10/97)