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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Plac	DU PRODUCTIONS, INC.	Mailing Add							
320 VENICE GOLF AND COUNTRY CLUB BLVD. 320 VENICE GOLF AND COUNTI VENICE FL 34292 VENICE FL 34292				DUNTRY CLU	B BLVD.				
						3. Date Incorporated or Qualified 09/10/1992		ate of Last Re 23/1996	port
2. Principa F	Place of Business	28. Mailing Address				4. FEI Number			plied For
21 Suite, Apt	# AlA	26 Suite An	Suite, Apt. #, etc.			59-3169227		\$8.75 A	t Applicable
22	F, 010	27			5. Certificate of Status Desired		Fee Re		
City & Stat	[(·	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees				
Zipi	Country 25	Zip		Countr 30	У	This corporation has liability for Ftorida Statutes		tax under s. No	199.032,
24	9. Name and Address of Currer	29 It Registered Age	ent	1301		10. Name and Address of New F			
BLAI	R, PATRICIA			81	Name				
	VENICE GOLF AND CC BLVD				Street Add	dress (P.O. Box Number is Not Acceptable)			
VEN	ICE FL 34292			83					
				83	1				
					City	FL 85 Zip Cod		Code	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, F	lorida Statul	tes, the abov	e-named cor	poration submits this statement for the	purpose of	changing its	s registered
office or i agent. La	registered agent, or both, in the State am familiar with, and accept the oblig-	of Florida, Such d ations of, Section (:hange was 607,0505, Fi	authorized b orida Statute	y the corpora is.	ation's board of directors. I hereby acc	ept the app	ointment as i	registered
SIGNATURE									
12,	Signalari, typic Lor printed name of tog steed age OFFICERS AN		INO	If. Registered Ap	per srutangia trequ	uired wher reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	S IN 12
TILLE	D		DELETE	1.1 TITLE				Change	Addition
NAME	BLAIR, PATRICIA LOUISE			1 2 NAME					
STREET ASIDRESS	320 VENICE GOLF & CC BLV			1.3 STREET ADDRESS					ļ
01Y-St-765	VENICE FL			1.4 CITY-	ST-ZIP				
THE		L.,] DELETE	2.1 TITLE				L Change	Addition
MYWE				2.2 NAME					J
STREET ADDRESS					T ADDRESS				
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NAMi				3.2 NAME					
STHEET ADDRESS	ĺ			3.3 STREE	T ADDRESS				Í
Off Y - \$1 - ZH				3 4. CITY	ST-7IP				
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STREET ADDRESS					T ADDRESS				į
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NAME				5.2 NAME					
STREET ADDRESS					T ADDRESS				
C-TY - S1 - ZiF TITLE	THE RESERVE THE PROPERTY OF TH		DELETE	5.4 CITY - 6.1 TITLE				Change	Addition
NAME		-		6.2 NAME	ſ			- *	
STREET ADDRESS					T ADDRESS				
2019, 01, 2ac				1	£1.7i0				

SIGNATURE:

14. Ldo 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 injoicated 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 true 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 was an address.

FILED

Mar 13 1997 8:00am

Secretary of State