

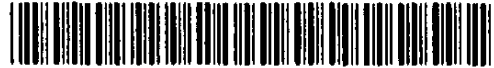


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V68802 (0) 1. Corporation Name STINGRAY PRODUCTIONS, INC.			
Principal Place of Business 25 S. ORANGE AVE. ORLANDO FL 32801 US		Mailing Address 25 S. ORANGE AVE. ORLANDO FL 32801-2805 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent HOEFLING, MARK V 2651 BROOKSIDE CT. MAITLAND FL 32751		10. Name and Address of New Registered Agent 81 Name STINGRAY PRODUCTIONS INC. Raymond B Stines 82 Street Address (P.O. Box Number is Not Acceptable) 25 S. ORANGE AVENUE 83 84 City ORLANDO FL 85 Zip Code 32801	
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  RAYMOND B. STINES DATE 4-28-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME STINES, RAYMOND B. STREET ADDRESS 125 FERNWOOD ST. CITY-ST-ZIP ORLANDO FL		1.1 TITLE 1.2 NAME Stines, Raymond B. 1.3 STREET ADDRESS 25 S. Orange Avenue 1.4 CITY-ST-ZIP Orlando, FL 32801	
TITLE DVP NAME HAIR, JEFFREY L. STREET ADDRESS 25 S. ORANGE AVE CITY-ST-ZIP ORLANDO FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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:  RAYMOND B. STINES 4-28-97/407-649-8829

CR2E034 (9/96)