

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

FILED

**Feb 10 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 # 160516 (1)
1. Corporation Name
HAVEN OUTDOOR THEATRE, INC.



Principal Place of Business
**4226 OLD HWY 37
LAKELAND FL 33802
US**

Mailing Address
**8800 NW 36TH STREET
8TH FLOOR
MIAMI FL 33166-6648
US**

3. Date Incorporated or Qualified
02/13/1950

3a. Date of Last Report
04/24/1996

21. Principal Place of Business Suite, Apt #, etc.	22. Mailing Address Suite, Apt #, etc.	4. FEI Number 59-0607535	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State Miami FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip 33122	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPEARS JR, HAROLD T		1.2 NAME	
STREET ADDRESS 4226 OLD HWY 37		1.3 STREET ADDRESS	
CITY - ST - ZIP LAKELAND FL		1.4 CITY - ST - ZIP	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAMON, NANCY		2.2 NAME	
STREET ADDRESS 8800 NW 36TH STREET, 8TH FLOOR		2.3 STREET ADDRESS 3155 NW 77th AVE	
CITY - ST - ZIP MIAMI FL		2.4 CITY - ST - ZIP MIAMI FL 33122	
TITLE CD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAS, JORGE		3.2 NAME	
STREET ADDRESS 8800 NW 36TH STREET, 8TH FLOOR		3.3 STREET ADDRESS 3155 NW 77th AVE	
CITY - ST - ZIP MIAMI FL		3.4 CITY - ST - ZIP MIAMI FL 33122	
TITLE VPTD	<input type="checkbox"/> DELETE	4.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALDES, CARLOS		4.2 NAME	
STREET ADDRESS 8800 NW 36TH STREET, 8TH FLOOR		4.3 STREET ADDRESS 3155 NW 77th AVE	
CITY - ST - ZIP MIAMI FL		4.4 CITY - ST - ZIP MIAMI FL 33122	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE VTD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME JOHNSON, EDWIN D.	
STREET ADDRESS		5.3 STREET ADDRESS 3155 NW 77th AVE	
CITY - ST - ZIP		5.4 CITY - ST - ZIP MIAMI FL 33122	
TITLE	<input type="checkbox"/> DELETE	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 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: *Nancy J. Damon* **REQUIRED Nancy J. Damon 1-9-97 305-599-1800**

CR2E034 (9/96)