

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 160516 (1)**

1. Corporation Name  
**HAVEN OUTDOOR THEATRE, INC.**



Principal Place of Business <b>4226 OLD HWY 37                  LAKELAND FL 33802                  US</b>	Mailing Address <b>3155 NW 77TH AVE                  MIAMI FL 33122                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3155 NW 77th Ave.</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 3155 NW 77th Ave.</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Miami, FL</b>	City & State <b>28</b>
Zip <b>24 33122</b>	Country <b>25</b>

3. Date Incorporated or Qualified <b>02/13/1950</b>	
4. FEI Number <b>59-0607535</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  8751 WEST BROWARD BLVD.                  PLANTATION FL 33324</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

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 \_\_\_\_\_ (NO. 1: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SPEARS JR, HAROLD T</b>	1.2 NAME	<b>Ismael Perera</b>
STREET ADDRESS	<b>4226 OLD HWY 37</b>	1.3 STREET ADDRESS	<b>3155 N.W. 77th Ave.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33067</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAMON, NANCY</b>	2.2 NAME	
STREET ADDRESS	<b>3155 NW 77TH AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAS, JORGE</b>	3.2 NAME	
STREET ADDRESS	<b>3155 NW 77TH AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALDES, CARLOS</b>	4.2 NAME	
STREET ADDRESS	<b>3155 NW 77TH AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, EDWIN D</b>	5.2 NAME	
STREET ADDRESS	<b>3155 NW 77TH AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
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 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* **Nancy J. Damon 4-21-98 (305) 599-1800**

CR2E034 (10/97)