

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 29 PM 6:57**

DOCUMENT # **293518** (7)

1. Corporation Name  
**THEATRE TRAIL, INC.**

Principal Place of Business Mailing Address  
**515 E. LAS OLAS BLVD.** **515 E. LAS OLAS BLVD.**  
**STE. #950** **STE. #950**  
**FT LAUDERDALE FL 33301** **FT LAUDERDALE FL 33301**  
**US** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/01/1965** 3a. Date of Last Report **04/08/1994**

4. FEI Number **13-2567820** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **7200 S.W. 83rd St. Plaza** 26 **7200 S.W. 83rd St. Plaza**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **#E112** 27 **#E112**  
City & State City & State  
23 **Miami, FLORIDA** 28 **Miami, Florida**  
Zip Country Zip Country  
24 **33143** 25 **U.S.A.** 29 **33143** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WILLIAM LAZAROW~~  
~~100 CHOPIN PLZ #2000~~  
~~MIAMI CENTER~~  
~~MIAMI FL 33101~~  
**WILLIAM LAZAROW**  
**7200 SW 83rd. St. Plaza**  
**Office - E 112**  
**MIAMI, FLA. 33143**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *William Lazarow*, Pres. **3/23/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZAROW, WILLIAM	1.2 NAME	
STREET ADDRESS	1350 6TH AVE, STE 1802	1.3 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *William Lazarow*, William Lazarow, Pres. **305-665-5517**