

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **711080** (2)

1. Corporation Name

SPANISH LYRIC THEATRE, INC.



Principal Place of Business

Mailing Address

**1032 CORAL STREET
TAMPA FL 33602**

**1032 CORAL STREET
TAMPA FL 33602**

3. Date Incorporated or Qualified
06/21/1966

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7009336

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, RENE J
1032 CORAL STREET
TAMPA FL 33602**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

June 20, 1996

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	ANTON, LEONARD	
STREET ADDRESS	15415 E. POND WOODS DRIVE	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FAVATA, MARTIN	
STREET ADDRESS	4708 LEONA STREET	
CITY - ST - ZIP	TAMPA FL 33611	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BONIS, OSCAR	
STREET ADDRESS	510 COLUMBIA DRIVE	
CITY - ST - ZIP	TAMPA FL 33606	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, SUSAN DR.	
STREET ADDRESS	401 W. KENNEDY BLVD.	
CITY - ST - ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TIMBERLAKE, THOMAS	
STREET ADDRESS	2701 N. HIMES AVENUE., #201	
CITY - ST - ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomas Timberlake	
1.3 STREET ADDRESS	3413 W. Lawn Ave	
1.4 CITY - ST - ZIP	Tampa, FL 33611	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jay Stewart	
4.3 STREET ADDRESS	4734 Tampa Bay Downs Blvd	
4.4 CITY - ST - ZIP	Lutz, FL 33549	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jack R. Lamb	
5.3 STREET ADDRESS	2103 W. Elm St	
5.4 CITY - ST - ZIP	Tampa, FL 33604-5721	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas Timberlake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Timberlake, Chair

6-20-96

Date

Daytime Phone #