

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

**2819 SAFE HARBOR DR
TAMPA FL 33618
US**

Mailing Address

**1032 CORAL STREET
TAMPA FL 33602**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 2819 Safe Harbour Dr

27 Suite, Apt. #, etc.

28 City & State

29 33618 30

3. Date Incorporated or Qualified

06/21/1966

4. FEI Number

23-7009336

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**

7. Is this nonprofit corporation a homeowners' association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GONZALEZ, RENE J
2819 SAFE HARBOR DR
TAMPA FL 33618**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☒ DELETE

NAME **TIMBERLAKE, THOMAS**

STREET ADDRESS **3413 W LAWN AVE**

CITY-STATE-ZIP **TAMPA FL**

TITLE **VCD** ☒ DELETE

NAME **FAVATA, MARTIN**

STREET ADDRESS **4708 LEONA STREET**

CITY-STATE-ZIP **TAMPA FL**

TITLE **TD** ☒ DELETE

NAME **BONIS, OSCAR**

STREET ADDRESS **510 COLUMBIA DRIVE**

CITY-STATE-ZIP **TAMPA FL**

TITLE **SD** ☐ DELETE

NAME **STEWART, JAY**

STREET ADDRESS **4734 TAMPA BAY DOWNS BLVD**

CITY-STATE-ZIP **LUTZ FL**

TITLE **D** ☒ DELETE

NAME **LAMB, JACK R**

STREET ADDRESS **2103 W ELM ST**

CITY-STATE-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C** ☒ Change ☒ Addition

1.2 NAME **DISS, MARK**

1.3 STREET ADDRESS **3412 W. GRANADA**

1.4 CITY-STATE-ZIP **TAMPA, FL 33629**

2.1 TITLE **VCD** ☒ Change ☒ Addition

2.2 NAME **VINA, JOHN**

2.3 STREET ADDRESS **5218 EL TORO ST**

2.4 CITY-STATE-ZIP **TAMPA, FL 33603**

3.1 TITLE **TD** ☒ Change ☒ Addition

3.2 NAME **VIDAL, CARLOS M**

3.3 STREET ADDRESS **P.O. BOX 1921 NA N.A.**

3.4 CITY-STATE-ZIP **PLANT CITY, FL 33564**

4.1 TITLE **SD** ☐ Change ☐ Addition

4.2 NAME **STEWART, JAY**

4.3 STREET ADDRESS **4734 TAMPA BAY DOWNS BLVD.**

4.4 CITY-STATE-ZIP **LUTZ, FL 33549**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Jay Stewart** **JAY STEWART**

27 Aug 1998

813-943-2805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Oct 07 1998 8:00am
Secretary of State

