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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 724317 (3)

1. Corporation Name  
FRIENDS OF THEATRE, INC. THE



Principal Place of Business Mailing Address  
MEMORIAL DRIVE, UNIVERSITY OF MIAMI P.O. BOX 248273 CORAL GABLES FL 33124  
MEMORIAL DRIVE, UNIVERSITY OF MIAMI P.O. BOX 248273 CORAL GABLES FL 33124-8273

3. Date Incorporated or Qualified 09/12/1972 3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 23-7197647 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 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  
7. 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

ANKROM, ROBERT  
1905 N. PARK RD.  
SUITE #162  
HOLLYWOOD FL 33021

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SARAFUGLU, MARGARET 6201 SW 118TH ST MIAMI FL	1.1 TITLE	PD LEONE, JACQUELINE
NAME		1.2 NAME	5990 S.W. 129TH TERRACE
STREET ADDRESS		1.3 STREET ADDRESS	MIAMI, FL 33156
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD LEONE, JACQUELINE 5990 S.W. 129TH TERRACE MIAMI FL	2.1 TITLE	VD NEWPORT, CAROL
NAME		2.2 NAME	10775 N. BAYSHORE DRIVE
STREET ADDRESS		2.3 STREET ADDRESS	MIAMI, FL 33161
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD WALDIN, JR. E 8501 SW 84TH ST MIAMI, FL 00000 33156	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD MUMM, ROGER 2825 GRANADA BLVD. #2-A CORAL GABLES FL 33134	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Earl Waldin, Jr. Director* 2/20/97 305-665-3213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033882

CR2E037 (9/96)