

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 728238 (7)**

1. Corporation Name  
**FLORIDA STUDIO THEATRE, INC.**



Principal Place of Business: **1241 N PALM AVE SARASOTA FL 34236**  
Mailing Address: **1241 N PALM AVE SARASOTA FL 34236**

3. Date Incorporated or Qualified: **01/14/1974**  
3a. Date of Last Report: **03/22/1995**  
4. FEI Number: **23-7362760**  
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: **21**  
2a. Mailing Address: **26**  
22. Suite, Apt. #, etc.: **27**  
23. City & State: **28**  
24. Zip: **25** Country: **29** Zip: **30** Country: **31**

9. Name and Address of Current Registered Agent  
**PATTERSON, JOHN  
46 N. WASHINGTON BLVD., SUITE 1  
SARASOTA FL 34236**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBINSON, R K</b>	
STREET ADDRESS	<b>689 EAGLE WATCH LANE</b>	
CITY-ST-ZIP	<b>OSPREY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, FRANK FOLSOM</b>	
STREET ADDRESS	<b>330 S. PINEAPPLE</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>BURDICK, RICHARD</b>	
STREET ADDRESS	<b>6800 SHETLAND WAY</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VAN ANTWERP, TED</b>	
STREET ADDRESS	<b>988 BLV OF THE ARTS</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCGILLICUDDY, DENNIS</b>	
STREET ADDRESS	<b>5111 OCEAN BLVD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOPKINS, RICHARD</b>	
STREET ADDRESS	<b>1241 N PALM AVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Jennifer Saslaw</b>	
1.3 STREET ADDRESS	<b>1003 Westway Drive</b>	
1.4 CITY-ST-ZIP	<b>Sarasota, FL 34236</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	<b>D</b>	
2.2 NAME	<b>Kate Alexander</b>	
2.3 STREET ADDRESS	<b>1650 Pine Tree Lane #104</b>	
2.4 CITY-ST-ZIP	<b>Sarasota, FL 34236</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	<b>TD</b>	
3.2 NAME	<b>Tom Hayes</b>	
3.3 STREET ADDRESS	<b>1812 Manatee Avenue</b>	
3.4 CITY-ST-ZIP	<b>Sarasota, FL 34205</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: **RICHARD HOPKINS** **4-19-96 (94) 366-9017**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)