


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728238
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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1974		3a. Date of Last Report 04/20/66	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 23-7362760		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PATTERSON, JOHN 46 N. Washington Blvd., Suite 1 Sarasota, FL 34236				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 if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Robin, R.K.			1.2 NAME	Saslaw, Jennifer		
STREET ADDRESS	689 Eagle Watch Lane			1.3 STREET ADDRESS	1003 Westway Drive		
CITY-ST-ZIP	Osprey, FL			1.4 CITY-ST-ZIP	Sarasota, FL		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Smith, Frank Folsom			2.2 NAME	Alexander, Kate		
STREET ADDRESS	330 S. Pineapple			2.3 STREET ADDRESS	1650 Pine Tree Lane #104		
CITY-ST-ZIP	Sarasota, FL			2.4 CITY-ST-ZIP	Sarasota, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DVP	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Burdick, Richard			3.2 NAME	HAYES, TOM		
STREET ADDRESS	6800 Shetland Way Sarasota, FL			3.3 STREET ADDRESS	1812 Manatee Avenue	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	Sarasota, FL			3.4 CITY-ST-ZIP	Sarasota, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAn Antwerp, Ted			4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	988 Blv of the Arts Sarasota, FL			4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	Sarasota, FL			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PD	<input type="checkbox"/> DELETE		5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	McGillicuddy, Dennis			5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5111 Ocean Blvd			5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	Sarasota, FL			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VPD	<input type="checkbox"/> DELETE		6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Hopkins, Richard			6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1241 N. Palm Avenue			6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	Sarasota, FL			800002133308 -04/04/97--01003--037 ***70.00			

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 supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 3/27/97 (541) 366-9017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/96)