

3-10-98 B-3065 C
FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728238** (7)
1. Corporation Name
FLORIDA STUDIO THEATRE, INC.

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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	01/14/1974	
4. FEI Number	23-7362760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

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	1.1 TITLE	T/D
NAME	ROBINSON, R K	1.2 NAME	Tom Hayes
STREET ADDRESS	669 EAGLE WATCH LANE	1.3 STREET ADDRESS	1812 Manatee Avenue
CITY-ST-ZIP	OSPREY FL	1.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE	SD	2.1 TITLE	D
NAME	SMITH, FRANK FOLSOM	2.2 NAME	Kate Alexander
STREET ADDRESS	330 S. PINEAPPLE	2.3 STREET ADDRESS	1241 N. Palm Ave.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	DVP	3.1 TITLE	D
NAME	BURDICK, RICHARD	3.2 NAME	Jennifer Saslaw
STREET ADDRESS	6800 SHETLAND WAY	3.3 STREET ADDRESS	1003 Westway Drive
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	D	4.1 TITLE	
NAME	VAN ANTWERP, TED	4.2 NAME	
STREET ADDRESS	988 BLV OF THE ARTS	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	MCGILLICUDDY, DENNIS	5.2 NAME	
STREET ADDRESS	5111 OCEAN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	
NAME	HOPKINS, RICHARD	6.2 NAME	
STREET ADDRESS	1241 N PALM AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-98 941-366-8017

CP25037 (10/97)