

FILE NOW: FILING FEE IS \$61.25

FILED  
May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735821** (1)

1. Corporation Name

**BITS 'N PIECES PUPPET THEATRE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 368  
TAMPA FL 33601  
US

P.O. BOX 368  
TAMPA FL 33601-0368  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/14/1976</b>		3a. Date of Last Report <b>01/29/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1672609</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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

**BICKEL, JERRY**  
**12904 TOM GALLAGHER RD.**  
**DOVER FL 33527**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

*Jerry Bickel* **JERRY BICKEL**

**4-18-97**

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	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAAC, BETSY	1.2 NAME	
STREET ADDRESS	6201 TAMPA SHORES BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, HOLLI	2.2 NAME	
STREET ADDRESS	12904 TOMGALLAGHER ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	DOVER FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICKEL, JERRY	3.2 NAME	
STREET ADDRESS	12904 TOMGALLAGHER ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	DOVER FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONS, TERRY L.	4.2 NAME	
STREET ADDRESS	6932 GREENSHILL PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	BD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, RHONDA	5.2 NAME	
STREET ADDRESS	14108 WINSLOW PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33624	5.4 CITY - ST - ZIP	
TITLE	BD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>KIMIE RADKE</i>	6.2 NAME	
STREET ADDRESS	<i>2937 WINCHESTER</i>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<i>TAMPA FL 33615</i>	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:

*Jerry Bickel* **JERRY BICKEL**

Date

Daytime Phone # 0046784

CR2E037 (9/96)