FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -4 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **762121** **(2)**

1. Corporation Name
FANTASY THEATRE FACTORY, INC.

Principal Place of Business	Mailing Address
7089 SW 47TH ST MIAMI FL 33155 US	7089 SW 47TH ST MIAMI FL 33155 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1982
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2230097 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

DULBERG, ROBERT A ESQ
P.O. BOX 430280 MIAMI 332430280
MIAMI, FL
33133

10. Name and Address of New Registered Agent

31 Name: Dulberg, Robert A Esq
32 Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd Street
33: International Plaza Sto. 2100
34 City: Miami FL 35 Zip Code: 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MARGULIS, STEPHEN	1.2 NAME	
STREET ADDRESS	10747 NW 26TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	DULBERG, ROBERT	2.2 NAME	Dulberg, Robert
STREET ADDRESS	9100 S. DADELAND BLVD	2.3 STREET ADDRESS	100 S.E. 2nd street Ste. 2100
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	TSD	3.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, ED	3.2 NAME	
STREET ADDRESS	6740 S.W. 75TH TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	CASBARRO, JOHN	4.2 NAME	
STREET ADDRESS	8541 N.W. 12TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, MIMI	5.2 NAME	
STREET ADDRESS	6740 S.W. 75TH TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	REICH, AVA	6.2 NAME	
STREET ADDRESS	7536 SW 64 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: Edward J. Allen 3/13/95 305/284-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000431