

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**

**Aug 04 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 # N96000000134 (4)**  
 1. Corporation Name  
**THEATRICAL ENTERPRISES OF SOUTH FLORIDA, INC.**

Principal Place of Business <b>2400 NORTHWEST BOCA RATON BOULEVARD BOCA RATON FL 33432</b>	Mailing Address <b>2400 NORTHWEST BOCA RATON BOULEVARD BOCA RATON FL 33432</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>65-0639483</b>	Applied For Not Applicable
22	27	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	25	29	30

3. Date Incorporated or Qualified <b>01/08/1996</b>	3a. Date of Last Report
8. This corporation owes or has paid the current year Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>ALTNER, ROBERT</b>	
STREET ADDRESS	<b>17552 FIELDBROOK CIRCLE</b>	
CITY - ST - ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>RUBIN, LEON</b>	
STREET ADDRESS	<b>21550 CAVENDISH ROAD</b>	
CITY - ST - ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALLISTER, ALBERT</b>	
STREET ADDRESS	<b>2795 SPANISH RIVER ROAD</b>	
CITY - ST - ZIP	<b>BOCA RATON FL 33432</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Debbie Lawlor</b>	
1.3 STREET ADDRESS	<b>3465 NW 27 Av</b>	
1.4 CITY - ST - ZIP	<b>BOCA RATON, FL 33434</b>	
2.1 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Jo Ann Arathans</b>	
2.3 STREET ADDRESS	<b>6055 VISTA LINDA LN.</b>	
2.4 CITY - ST - ZIP	<b>BOCA RATON, FL 33433</b>	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Richard Levenstein</b>	
3.3 STREET ADDRESS	<b>2400 NW 2nd Av #14</b>	
3.4 CITY - ST - ZIP	<b>BOCA RATON, FL 33431</b>	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Brad McCormick</b>	
4.3 STREET ADDRESS	<b>2400 NW 2nd Av #14</b>	
4.4 CITY - ST - ZIP	<b>BOCA RATON, FL 33431</b>	
5.1 TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Anita Liberty</b>	
5.3 STREET ADDRESS	<b>2101 NE 4 Ct.</b>	
5.4 CITY - ST - ZIP	<b>BOCA RATON FL 33431</b>	
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 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: \_\_\_\_\_ **7-78-97 (561) 394-0206**

CR2E037 (4/97)