

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000746 (5)
 1. Corporation Name
CITY THEATRE, INC.



Principal Place of Business P.O. BOX 248269 CORAL GABLES FL 33124 US	Mailing Address P.O. BOX 248269 CORAL GABLES FL 33124 US
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3. Date incorporated or Qualified 02/08/1996	
4. FEI Number 65-0642183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
NORMAN, STEPHANIE
1450 S BAYSHORE DR SUITE 811
MIAMI FL 33131

10. Name and Address of New Registered Agent
 81 Name **(Same)**
 82 Street Address (P.O. Box Number is Not Acceptable)
573 Warren Lane
 83
 84 City **Key Biscayne** FL 85 Zip Code **33149**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FEIN, ALAN	
STREET ADDRESS	150 W. FLAGLER STREET, SUITE 2400	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	NORMAN, JEFF	
STREET ADDRESS	201 S. BISCAYNE BLVD. SUITE 2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LUNDEEN, JOY	
STREET ADDRESS	150 W. FLAGLER STREET, SUITE 2400	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEARNS, KARA	
STREET ADDRESS	1 BISCAYNE TOWER, SUITE 2100	
CITY-ST-ZIP	MIAMI FL 33131	
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	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NORMAN, STEPHANIE	
1.3 STREET ADDRESS	573 Warren Lane	
1.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SUSAN WESTFALL	
2.3 STREET ADDRESS	525 Altendale Road	
2.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gail Garrison	
3.3 STREET ADDRESS	525 NE 8th Ave	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Jeff Norman JEFF NORMAN VPD 7/9/98 (305) 539-3308
 _____ Date Daytime Phone #

001.1000

CR2E037 (5/98)