


FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **750200** (8)

1. Corporation Name  
**FLORIDA SHAKESPEARE THEATRE, INC.**



Principal Place of Business <b>1200 ANASTASIA AVE CORAL GABLES FL 33134 US</b>		Mailing Address <b>1200 ANASTASIA AVE CORAL GABLES FL 33134 US</b>		3. Date Incorporated or Qualified <b>12/13/1979</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-1972774</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BECK, ELLEN 2304 SALZEDO ST. CORAL GABLES FL 33134</b>				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	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1200 Anastasia Ave.</b>
83	
84 City	<b>Coral Gables</b>
85 Zip Code	<b>FL 33134</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPMD <del>DELETE</del>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINGS, JAMES	1.2 NAME	
STREET ADDRESS	6979 SUNRISE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	TD <del>DELETE</del>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FURROKH, IRANI	2.2 NAME	<b>TD</b>
STREET ADDRESS	219 MENORES, #1	2.3 STREET ADDRESS	<b>Bloom, Burt</b>
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	<b>2401 SO. BAYSHORE DR. #1450</b>
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULACK, GRETA	3.2 NAME	
STREET ADDRESS	603 PUERTA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETZ, JENNIFER	4.2 NAME	
STREET ADDRESS	5420 S.W. 95TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33233	4.4 CITY-ST-ZIP	
TITLE	D <del>DELETE</del>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCVEIGH, ROSE	5.2 NAME	
STREET ADDRESS	6906 PRADO BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33143	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBAUSTE, JULIO	6.2 NAME	
STREET ADDRESS	2500 SW 3RD AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI 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]* **4/20/98** **(205) 858-621**

CR2E037 (10/97)