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FILED

**Feb 10 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 160516 (1)

1. Corporation Name
HAVEN OUTDOOR THEATRE, INC.



Principal Place of Business
**4226 OLD HWY 37
LAKELAND FL 33802
US**

Mailing Address
**8800 NW 36TH STREET
8TH FLOOR
MIAMI FL 33166-6648
US**

3. Date Incorporated or Qualified **02/13/1950** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 **3155 NW 77th Ave**

22 City & State

27 City & State

23 Zip

25 Country

28 **Miami FL**

24 Zip

25 Country

29 **33122**

30 Country

US

4. FEI Number **59-0607535** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of officer 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 DELETE
NAME **PD SPEARS JR, HAROLD T**
STREET ADDRESS **4226 OLD HWY 37**
CITY - ST - ZIP **LAKELAND FL**

1.1 TITLE Change Addition
1.2 NAME **P**
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DELETE
NAME **S DAMON, NANCY**
STREET ADDRESS **8800 NW 36TH STREET, 8TH FLOOR**
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **3155 NW 77th Ave**
2.4 CITY - ST - ZIP **MIAMI FL 33122**

TITLE DELETE
NAME **CD MAS, JORGE**
STREET ADDRESS **8800 NW 36TH STREET, 8TH FLOOR**
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **3155 NW 77th Ave**
3.4 CITY - ST - ZIP **MIAMI FL 33122**

TITLE DELETE
NAME **VPTD VALDES, CARLOS**
STREET ADDRESS **8800 NW 36TH STREET, 8TH FLOOR**
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS **3155 NW 77th Ave**
4.4 CITY - ST - ZIP **MIAMI FL 33122**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME **VTD. JOHNSON, EDWIN D.**
5.3 STREET ADDRESS **3155 NW 77th Ave**
5.4 CITY - ST - ZIP **MIAMI FL 33122**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy J. Damon **REQUIRED Nancy J. Damon 1-9-97 305-599-1800**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)