

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 209652 (7)
1. Corporation Name
KENT THEATRES, INC.

Principal Place of Business 2870 UNIVERSITY BLVD W. STE 103 P O BOX 10066 JACKSONVILLE FL 32217-2105	Mailing Address 2870 UNIVERSITY BLVD W. STE 103 P O BOX 10066 JACKSONVILLE FL 32217-2105
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 02/06/1958	
24		25		4. FEI Number 59-0822157	
29		30		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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KENT, J CLEVELAND 2870 UNIVERSITY BLVD W. STE 103 JACKSONVILLE FL 32217				10. Name and Address of New Registered Agent 81 Name JOHN B. KENT 82 Street Address (P.O. Box Number is Not Acceptable) 225 WATER STREET 83 SUITE 900 84 City JACKSONVILLE FL 85 Zip Code 32202			
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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 John B. Kent JOHN B. KENT, REGISTERED AGENT / DIRECTOR 4/9/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TDV	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOCKWOOD, NORMA K			1.2 NAME			
STREET ADDRESS	4844 ARAPAHOE AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000			1.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KENT, J CLEVELAND			2.2 NAME	DIRECTOR		
STREET ADDRESS	2870 UNIV BLVD WEST STE 103			2.3 STREET ADDRESS	KENT, J. CLEVELAND		
CITY-ST-ZIP	JACKSONVILLE, FL 00000			2.4 CITY-ST-ZIP	3872 PONTE VEDRA COURT		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KENT, JOHN B			3.2 NAME			
STREET ADDRESS	4948 MORVEN RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FULFORD, ROBERT M.			4.2 NAME			
STREET ADDRESS	2870 UNIV BLVD WEST SUITE 103			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert M. Fulford DIRECTOR 4/9/98 204/731-9616

CR2E034 (10/97)