

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998. AMOUNT DUE ON OR BEFORE 8/9/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 JUL -7 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # 665196 (2)**

1. Corporation Name

**LOEWS CORAL SPRING CINEMAS, INC.**

Principal Place of Business

Mailing Address

C/O COLUMBIA PICTURES ENTERTAINMENT, INC.  
711 5TH AVENUE  
NEW YORK NY 10022-3132

C/O COLUMBIA PICTURES ENTERTAINMENT, INC.  
711 5TH AVENUE  
NEW YORK NY 10022-3132

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/31/1980</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>13-3022878</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
Country	30

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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

**FL**

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 agent 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, typed or printed name of registered agent and the if applicable.

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CCEO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOEKS, JIM</b>	1.2 NAME	
STREET ADDRESS	<b>711 5TH AVE.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, SEYMOUR H.</b>	2.2 NAME	
STREET ADDRESS	<b>711 5TH AVE.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	2.4 CITY - ST - ZIP	
TITLE	<b>CEO</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOEKS, BARRIE LAWSON</b>	3.2 NAME	
STREET ADDRESS	<b>711 5TH AVE.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAY, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>711 5TH AVE.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSES, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>711 FIFTH AVE.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	5.4 CITY - ST - ZIP	
TITLE	<b>AS</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EICHHORN, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>711 FIFTH AVE.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 EICHHORN ASSISTANT SECRETARY Date: 06/23/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Telephone

CR2E034 (3/95)