

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 665196 (2)

1. Corporation Name
LOEWS CORAL SPRING CINEMAS, INC.



Principal Place of Business C/O COLUMBIA PICTURES ENTERTAINMENT, INC. 711 5TH AVENUE NEW YORK NY 10022-3132	Mailing Address C/O COLUMBIA PICTURES ENTERTAINMENT, INC. 711 5TH AVENUE NEW YORK NY 10022-3109
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3. Date Incorporated or Qualified 03/31/1980	3a. Date of Last Report 04/25/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
	355 Madison Ave	NY, NY	10022
	TAX DEPT. 8th FL.		

4. FEI Number 13-3022878	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	LOEKS, JIM	
STREET ADDRESS	711 5TH AVE.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VS	
NAME	SMITH, SEYMOUR H.	<input type="checkbox"/> DELETE
STREET ADDRESS	711 5TH AVE.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	LOEKS, BARRIE LAWSON	
STREET ADDRESS	711 5TH AVE.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAY, ROBERT	
STREET ADDRESS	711 5TH AVE.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOSES, ROBERT	
STREET ADDRESS	711 FIFTH AVE.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	EICHHORN, ROBERT	
STREET ADDRESS	711 FIFTH AVE.	
CITY - ST - ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	555 Madison Ave, 8th Fl.
5.4 CITY - ST - ZIP	New York, NY 10022
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	555 Madison Ave., 8th Fl.
6.4 CITY - ST - ZIP	New York, NY 10022

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: Robert N. Moses Robert N. Moses 4/13/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)