


5-13-97 B-7132 - C  
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FILED  
 May 13 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 701923 (5)  
 1. Corporation Name  
 THE COCONUT GROVE PLAYHOUSE, INC.

Principal Place of Business: P. O. BOX 607, COCONUT GROVE FL 33133, US  
 Mailing Address: P. O. BOX 607, COCONUT GROVE FL 33133, US



2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 01/19/1961  
 3a. Date of Last Report: 04/17/1996

4. FEI Number: 59-6152238  
 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  
 MITTELMAN, ARNOLD  
 3500 MAIN HWY.  
 COCONUT GROVE FL 33133

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

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	T <input type="checkbox"/> DELETE	1.1 TITLE	CHAIRMAN T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, GEORGE	1.2 NAME	GEORGE BRENNAN
STREET ADDRESS	3250 MARY STREET	1.3 STREET ADDRESS	3250 MARY STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	TREASURER T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASON, DORAN	2.2 NAME	DORAN JASON
STREET ADDRESS	8800 DORAL BLDG., #304	2.3 STREET ADDRESS	8600 DORAL BLVD. #101
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33166
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	HOMERO DE LA TORRE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ALVIN	3.2 NAME	VICE CHAIRMAN
STREET ADDRESS	200 S. BISCAYNE BLVD.	3.3 STREET ADDRESS	501 S.W. 37th AVENUE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33135
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	VICE CHAIRMAN T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGOLIS, GWEN	4.2 NAME	GWEN MARGOLIS
STREET ADDRESS	13899 BISCAYNE BLVD.	4.3 STREET ADDRESS	111 N.W. 1st STREET, STE. 220
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33128
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SECRETARY T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, CAREY	5.2 NAME	JACK ADMIRE
STREET ADDRESS	22 E FLAGLER ST	5.3 STREET ADDRESS	2511 PONCE DE LEON BLVD., STE. 320
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Brennan REQUIRED GEORGE BRENNAN 2/20/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0076353

CR2E037 (9/96)