

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
01/19/1961

4. FEI Number 59-6152238	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business 3500 Main Hwy	2a. Mailing Address 3500 Main Hwy.
22. Suite, Apt. #, etc. —	27. Suite, Apt. #, etc. —

5. Certificate of Status Desired **KXX** **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. City & State COCONUT GROVE FL	28. City & State COCONUT GROVE, FL.
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7. Is this nonprofit corporation a homeowners association?
 Yes No

24. Zip 33133	25. Country DADG	29. Zip 33133	30. Country DADE
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8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 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

FL

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T /Vice-Chairperson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, GEORGE	1.2 NAME	Fox-Rosellini, Susan
STREET ADDRESS	3250 MARY STREET	1.3 STREET ADDRESS	328 Crandon Blvd #115/Fox's Fixins
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Key Biscayne, Florida 33149
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T /Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JASON, DORAN	2.2 NAME	Post, Vincent/Group Sr. VP
STREET ADDRESS	8600 DORAL BLVD #101	2.3 STREET ADDRESS	Barnett Bank of South Florida
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	701 Brickell Avenue
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Miami, Florida 33131 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA TORRE, HOMERO	3.2 NAME	
STREET ADDRESS	501 SW 37TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T/Chairperson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGOLIS, GWEN	4.2 NAME	Margolis, Gwen
STREET ADDRESS	111 NW 1ST STREET STE 220	4.3 STREET ADDRESS	111 NW First Street, Suite 220
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL. 33128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	T/Secretary
NAME	ADMIRE, JACK	5.2 NAME	Admire, Jack
STREET ADDRESS	2511 PONCE DE LEON BLVD STE 320	5.3 STREET ADDRESS	2511 Ponce DeLeon Blvd., Suite 320
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	Coral Gables, FL. 33143 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: Vincent Fox, Treasurer **REQUIRED**

4/23/98

CR2E037 (10/97)