

FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701923
 1. Corporation Name
THE COCONUT GROVE PLAYHOUSE, INC.

Principal Place of Business 3500 MAIN HWY COCONUT GROVE FL 33133 US	Mailing Address 3500 MAIN HWY COCONUT GROVE FL 3:133 US
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2. Principal Place of Business 21 3500 MAIN HWY. Suite, Apt. #, etc. 22 ----- City & State 23 COCONUT GROVE, FL. Zip Country 24 33133 25 MIAMI-DADE	2a. Mailing Address 26 3500 MAIN HWY. Suite, Apt. #, etc. 27 ----- City & State 28 COCONUT GROVE, FL. Zip Country 29 33133 30 MIAMI-DADE	3. Date Incorporated or Qualified 01/19/1961	4. FEI Number 59-6152238 Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75*Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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	85 Zip Code
82 Street Address (P.O. Box: Number is Not Acceptable)	
83	
84 City	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX-ROSELLINI, SUSAN	1.2 NAME	
STREET ADDRESS	328 CRANDON BLVD STE 115/FOX FIXINS	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	1.4 CITY-ST-ZIP	
TITLE	TVP <input type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POST, VINCENT C/O BA	2.2 NAME	POST, VINCENT
STREET ADDRESS	701 BRICKELL AVE	2.3 STREET ADDRESS	BANK UNITED, FSB
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	255 ALHAMBRA CIRCLE
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	CORAL GABLES, FLORIDA 33134 <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	TC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGOLIS, GWEN	4.2 NAME	
STREET ADDRESS	111 NW FIRST ST STE 220	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33128	4.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADMIRE, JACK	5.2 NAME	
STREET ADDRESS	2511 PONCE DELEON BLVD STE 320	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33143	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Fox-Rosellini* Vincent Post
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date 2/26/99 Daytime Phone #

CR2E037 (1/98)