


FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **711080** (2)

1. Corporation Name

SPANISH LYRIC THEATRE, INC.

Principal Place of Business

Mailing Address

**1032 CORAL STREET
TAMPA FL 33602**

**1032 CORAL STREET
TAMPA FL 33602-1013**

**2819 SAFE HARBOR DR
TAMPA FL 33618**



| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/21/1966 | | 3a. Date of Last Report 06/25/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 23-7009336 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 24 Country | | 29 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 25 HILLS | | 30 HILLS | | | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, RENE J
1032 CORAL STREET
TAMPA FL 33602**

| | |
|---|----------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 2819 SAFE HARBOR DR |
| 83 City | TAMPA, FL |
| 84 City | FL |
| 85 Zip Code | 33618 |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-21-97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | CHAIRMAN <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TIMBERLAKE, THOMAS | 1.2 NAME | |
| STREET ADDRESS | 3413 W LAWN AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | |
| TITLE | VICE-CHAIRMAN <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FAVATA, MARTIN | 2.2 NAME | |
| STREET ADDRESS | 4708 LEONA STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33611 | 2.4 CITY-ST-ZIP | |
| TITLE | TREASURER <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BONIS, OSCAR | 3.2 NAME | |
| STREET ADDRESS | 510 COLUMBIA DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33606 | 3.4 CITY-ST-ZIP | |
| TITLE | SECRETARY <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEWART, JAY | 4.2 NAME | |
| STREET ADDRESS | 4734 TAMPA BAY DOWNS BLVD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LUTZ FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TIMBERLAKE, THOMAS | 5.2 NAME | |
| STREET ADDRESS | 2701 N. HIMES AVENUE., #201 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33607 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAMB, JACK R | 6.2 NAME | |
| STREET ADDRESS | 2103 W ELM ST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)