


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 715127 (7) 1. Corporation Name INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES AND MOVING PICTURE MACHINE OPERATORS HOLDING					
Principal Place of Business 15 S W 7 ST FT LAUDERDALE FL 33301			Mailing Address 15 S W 7 ST FT LAUDERDALE FL 33301		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1968	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1002438	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent COSIO GALKO 15 S.W. 7 STREET FORT LAUDERDALE FL 33301			10. Name and Address of New Registered Agent 81 Name ALICE RENNIE 82 Street Address (P.O. Box Number is Not Acceptable) 15 S.W. 7 ST 83 84 City FORT LAUDERDALE FL 85 Zip Code 33301		
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 _____)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDSHOLLE, LLOYD		1.2 NAME		
STREET ADDRESS	15 SW 7 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADFORD, BARRY		2.2 NAME	DAVID WATLER	
STREET ADDRESS	15 SW 7 ST		2.3 STREET ADDRESS	15 S.W. 7 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301		2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	GAD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALKO, COSIO		3.2 NAME	ALICE RENNIE	
STREET ADDRESS	2016-20 LANE		3.3 STREET ADDRESS	15 S.W. 7 ST	
CITY-ST-ZIP	GREEN ACRES FL		3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	STD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUBBARD, JOHN		4.2 NAME		
STREET ADDRESS	15 SW 7 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		4.4 CITY-ST-ZIP		
TITLE	RSD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELEHANTY, LAURA MAZZOLA		5.2 NAME		
STREET ADDRESS	15 SW 7 ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERTOLAMI, ANTHONY		6.2 NAME		
STREET ADDRESS	15 SW 7 ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		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.

SIGNATURE: _____

1-9-98

CR2E037 (10/97)