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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715127

1. Corporation Name

**INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLO
YEES AND MOVING PICTURE MACHINE OPERATORS HOLDIN**

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

23

27

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24

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/19/1968

4. FEI Number

59-1002438

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

10. Name and Address of New Registered Agent

**ALICE RENNIE
15 SW 7TH
FORT LAUDERDALE FL 33301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSHOLLE, LLOYD	
STREET ADDRESS	15 SW 7 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WATLER, DAVID	
STREET ADDRESS	15 SW 7TH	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	GAD	<input type="checkbox"/> DELETE
NAME	RENNIE, ALICE	
STREET ADDRESS	15 SW 7TH	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HUBBARD, JOHN	
STREET ADDRESS	15 SW 7 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	DELEHANTY, LAURA MAZZOLA	
STREET ADDRESS	15 SW 7 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERTOLAMI, ANTHONY	
STREET ADDRESS	15 SW 7 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD
1.3 STREET ADDRESS	FALZARANO, LOUIS
1.4 CITY-ST-ZIP	15 SW 7 ST Ft. Lauderdale, FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VPD
2.3 STREET ADDRESS	Roberts, Richard
2.4 CITY-ST-ZIP	15 SW 7 ST Ft. Lauderdale, FL 33301
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RSD
5.3 STREET ADDRESS	KOUSEK, GARY
5.4 CITY-ST-ZIP	15 SW 7 ST Ft. Lauderdale, FL 33301
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 463-6125

CR2E037 (11/98)