

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747785** (4)

1. Corporation Name

**CALDWELL THEATRE COMPANY, INC.**

Principal Place of Business

**7873 N FEDERAL HWY  
BOCA RATON FL 33487  
US**

Mailing Address

**7873 N FEDERAL HWY  
P.O. BOX 277  
BOCA RATON FL 33429-0277**



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip Country

3. Date Incorporated or Qualified  
**06/22/1979**

3a. Date of Last Report  
**03/04/1996**

4. FEI Number

**59-1929742**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, CHARLES R.L.  
18978 POINT DRIVE  
JUPITER FL 33458**

**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: type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	CARPENTER, PATRICIA	
STREET ADDRESS	2408 MAYA PALM DR E	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	HALL, MICHAEL P	
STREET ADDRESS	3127 SHERWOOD BLVD	
CITY - ST - ZIP	DELRAY BCH FL	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	BERGER, MURRY	
STREET ADDRESS	2050 ROYAL PALM WAY	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	FAHNOE, ERIK	
STREET ADDRESS	1900 PARKSIDE CIRCLE S	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	FEIGL, KENNETH	
STREET ADDRESS	7402 PANACHE WAY	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<b>33432</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<b>33445</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VC T
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<b>33432</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<b>33486</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<b>33433</b>
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 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:

*Michael Hall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael Hall*

Date

Daytime Phone # **0041909**

**1/14/97 561/241-7380**

CR2E037 (9/96)