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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747785** (4)

1. Corporation Name

CALDWELL THEATRE COMPANY, INC.

Principal Place of Business

Mailing Address

7873 N FEDERAL HWY
BOCA RATON FL 33487
US

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

3. Date Incorporated or Qualified

06/22/1979

4. FEI Number

59-1929742

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

William McCarthy, Esq.

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

200 East Palmetto Park Road

83

Suite 101

84 City

Boca Raton

FL

85 Zip Code
33432

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

William McCarthy

WILLIAM MCCARTHY

1/7/98

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	ST	<input checked="" 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	S/TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Margaret May Damen	
1.3 STREET ADDRESS	2500 N. Military Tr., #254	
1.4 CITY-ST-ZIP	Boca Raton, FL 33431	

2.1 TITLE	P/TR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	33445	

3.1 TITLE	V/TR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	33432	

4.1 TITLE	C/TR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	33486	

5.1 TITLE	T/TR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	33433	

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.

SIGNATURE:

Michael Hall MICHAEL HALL

1/7/98 561/241-7380

CR2E037 (10/97)