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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 747785

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.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

06/22/1979

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

9. Name and Address of Current Registered Agent

MCCARTHY, WILLIAM E
200 EAST PALMETTO PARK ROAD
STE 101
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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

OFFICERS AND DIRECTORS

TITLE **STR** ☐ DELETE
 NAME **DAMEN, MARGARET MAY**
 STREET ADDRESS **2500 N MILITARY TR, #254**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **PTR** ☐ DELETE
 NAME **HALL, MICHAEL P**
 STREET ADDRESS **3127 SHERWOOD BLVD**
 CITY-ST-ZIP **DELRAY BCH FL 33445**

TITLE **VTR** ☐ DELETE
 NAME **BERGER, MURRY**
 STREET ADDRESS **2050 ROYAL PALM WAY**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **CTR** ☒ DELETE
 NAME **FAHNOE, ERIK**
 STREET ADDRESS **1900 PARKSIDE CIRCLE S**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **TTR** ☐ DELETE
 NAME **FEIGL, KENNETH**
 STREET ADDRESS **7402 PANACHE WAY**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **STR** ☒ Change ☐ Addition
 1.2 NAME **ROBERT TAYLOR**
 1.3 STREET ADDRESS **1071 S.W. 16 ST**
 1.4 CITY-ST-ZIP **BOCA RATON, FL 33486**

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **CTR** ☒ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE **VTR** ☐ Change ☒ Addition
 6.2 NAME **MARK DALZIEL**
 6.3 STREET ADDRESS **2659 N.W. 26 CIR**
 6.4 CITY-ST-ZIP **BOCA RATON, FL 33431**

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 of William E. McCarthy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99
 Date

561 995-2333
 Daytime Phone #

CR2E037 (11/98)