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May 13 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 # **750200** **(8)**

1. Corporation Name

FLORIDA SHAKESPEARE THEATRE, INC.

Principal Place of Business	Mailing Address
1200 ANASTASIA AVE CORAL GABLES FL 33134 US	1200 ANASTASIA AVE CORAL GABLES FL 33134 US

3. Date Incorporated or Qualified: 12/13/1979

4. FEI Number: 59-1972774 ☐ 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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BECK, ELLEN
2304 SALZEDO ST.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1200 Anastasia Ave.

83

84 City: Coral Gables FL 85 Zip Code: 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPMD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ATKINGS, JAMES		1.2 NAME		
STREET ADDRESS	6979 SUNRISE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☐ Change ☑ Addition
NAME	FURROKH, IRANI		2.2 NAME	Bloom, Burt	
STREET ADDRESS	219 MENORES, #1		2.3 STREET ADDRESS	2601 So. Bayshore Dr. #1450	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	Miami, FL. 33133	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHULACK, GRETA		3.2 NAME		
STREET ADDRESS	603 PUERTA AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GETZ, JENNIFER		4.2 NAME		
STREET ADDRESS	5420 S.W. 95TH TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33233		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCVEIGH, ROSE		5.2 NAME		
STREET ADDRESS	6906 PRADO BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33143		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIBAUSTE, JULIO		6.2 NAME		
STREET ADDRESS	2500 SW 3RD AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: [signature] 4/30/98 (305)858-6211