

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. McArthur Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750916 (9) 1. Corporation Name THE WHITE-WILLIS THEATRE, INC.	
Principal Place of Business 5266 GATE LAKE RD. FT. LAUDERDALE FL 33319	Mailing Address 5266 GATE LAKE RD. FT. LAUDERDALE FL 33319-2593



3. Date Incorporated or Qualified 02/04/1980		3a. Date of Last Report 02/14/1996	
2. Principal Place of Business 21		2a. Mailing Address 26 8761 HOLLY COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State 23 TAMARAC, FLORIDA		City & State	
Zip 24 33321		Country 30 USA	
Country 25		Country 29	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent WHITE, ANN 5266 GATE LAKE RD. FT. LAUDERDALE, FL 33319		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, ANN	1.2 NAME	Bob Krehow
STREET ADDRESS	5266 GATE LAKE RD.	1.3 STREET ADDRESS	7516 FAIRFAX Drive
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIS, DOROTHY	2.2 NAME	Daniel Steinlauf
STREET ADDRESS	8761 HOLLY COURT	2.3 STREET ADDRESS	8761 Gate House Rd
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	Tamardale, FL 33324
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, CHET	3.2 NAME	Steve Spragel
STREET ADDRESS	8761 HOLLY COURT	3.3 STREET ADDRESS	PO Box 50136
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	Lighthouse Point, FL 33074
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ SIGNATURE REQUIRED _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0035207

CR2E037 (9/96)