


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90049 011 \*\*\*\*61.25

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 750916**

1. Corporation Name

**THE WHITE-WILLIS THEATRE, INC.**

Principal Place of Business

~~3200 GATE LAKE RD.~~  
~~FT. LAUDERDALE FL 33319~~

Mailing Address

8761 HOLLY COURT  
TAMARAC FL 33321  
US



2. Principal Place of Business

21 8761 Holly Court  
Suite, Apt. #, etc.

22 #202  
City & State

23 Tamarac FL - US  
Zip Country

24 33321 25 US

2a. Mailing Address

26 8761 Holly Court  
Suite, Apt. #, etc.

27 #202  
City & State

28 Tamarac FL  
Zip Country

29 33321 30 US

3. Date Incorporated or Qualified

02/04/1980

4. FEI Number

59-1992319

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WILLIS, DOROTHY  
8761 HOLLY COURT  
TAMARAC FL 33321

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

12. OFFICERS AND DIRECTORS

TITLE ED  
NAME WHITE, ANN  
STREET ADDRESS 5266 GATE LAKE RD.  
CITY-ST-ZIP FT LAUDERDALE FL

☒ DELETE

TITLE PD  
NAME WILLIS, DOROTHY  
STREET ADDRESS 8761 HOLLY COURT  
CITY-ST-ZIP TAMARAC FL

☐ DELETE

TITLE T  
NAME WARNER, JACKIE  
STREET ADDRESS 7731 TRENT DR  
CITY-ST-ZIP TAMARAC FL 33321

☐ DELETE

TITLE D  
NAME SPIEGEL, STEVE  
STREET ADDRESS P.O. BOX 50136 ((N/A))  
CITY-ST-ZIP LIGHTHOUSE BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ 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 ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Dorothy Willis 4/15/99

954-721-9411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)