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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 851480

(4)

1. Corporation Name
TALLAHASSEE THEATRES, INC.

Principal Place of Business

4226 OLD HIGHWAY 37
P.O. BOX 15070
LAKELAND FL 33802
US

Mailing Address

8800 NW 36TH STREET
8TH FLOOR
MIAMI FL 33166-6648
US

3. Date Incorporated or Qualified
12/31/1981

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 3155 NW 77th Ave
Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2094664

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, 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 PD
NAME SPEARS, HAROLD T
STREET ADDRESS 4226 OLD HIGHWAY 37
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE S
NAME DAMON, NANCY
STREET ADDRESS 8800 NW 36TH STREET, 8TH FLOOR
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DC
NAME MAS, JORGE
STREET ADDRESS 8800 NW 36TH STREET 8TH FLOOR
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VTD
NAME VALDES, CARLOS
STREET ADDRESS 8800 NW 36TH STREET, 8TH FLOOR
CITY-ST-ZIP MIAMI 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 P
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 3155 NW 77th Ave
2.4 CITY-ST-ZIP MIAMI FL 33122

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 3155 NW 77th Ave
3.4 CITY-ST-ZIP MIAMI FL 33122

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME JOHNSON, EDWIN D.
4.3 STREET ADDRESS 3155 NW 77th Ave
4.4 CITY-ST-ZIP MIAMI, FL 33122

☒ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy J. Damon 1-9-97 305-599-1800

Date Daytime Phone #

CR2E034 (9/96)