

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 851480 (4)  
1. Corporation Name  
TALLAHASSEE THEATRES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

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

Mailing Address

3155 NW 77TH AVE  
MIAMI FL 33122  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/31/1981

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ 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 8600 NW 36TH STREET, 8TH FLOOR  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DC  
NAME MAS, JORGE  
STREET ADDRESS 8600 NW 36TH STREET 8TH FLOOR  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VTD  
NAME VALDES, CARLOS  
STREET ADDRESS 8600 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

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS 3155 NW 77th Ave.  
24 CITY-ST-ZIP Miami FL 33122

31 TITLE ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS 3155 NW 77th Ave.  
34 CITY-ST-ZIP Miami FL 33022

41 TITLE ☒ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS 3155 NW 77th Ave.  
44 CITY-ST-ZIP Miami, FL 33122

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 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]*

*[Signature]* 11/11/98 (305) 599-1800

CR2E034 (10/97)