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PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 855584

(9)

FILED May 13 1998 8:00am Secretary of State

FLOYD THEATRES, INC. Mailing Address Principal Place of Business 4226 OLD HIGHWAY 37 3155 NW 77TH AVE MIAMI FL 33122 P.O. BOX 15070 DO NOT WRITE IN THIS SPACE LAKELAND FL \$3813 3. Date Incorporated or Qualified 02/18/1983 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address Not Applicable 59-2240759 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζip Zio Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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, type dise printed runne of jospital red agent and title diapplicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DC DELETE 1.1 7(1) Change Addition | TITLE MAS, JORGE NAME 1.2 NAME 8600NW 36TH STREET.8TH FLOOR BIEG NW. 37th Ave. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL Miami, FL 33122 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition 2.1 TITLE TITLE SPEARS, HAROLD T. JR. NAME 2.2 NAME 4226 OLD HWY, 37 2.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 2. 4 CITY - S1 - ZIP CITY-ST-ZIP Change DELETE Addition 3.1 TITLE TITLE NAME DAMON, NANCY 3.2 NAME 8600NW 36TH STREET.8TH FLOOR 3155 N.W. 77th Ave STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL Miami FL 33122 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE VALDES, CARLOS A NAME 4 2 NAME 8600 NW 36TH STREET,8TH FLOOR STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY - ST - ZIP Vice President + Treasurer Change DELETE 5.1 TITLE TITLE Edwin D. Johnson NAME 5.2 NAME BISS N.W. 72+4 Ave. STREET ADDRESS 5.3 STREET ADDRESS 33127 CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE Change 6.1 THILE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

ろ31ルブ 6 4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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 of custed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address.