

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 PM 1:01

DOCUMENT # F94000002607 (9)

1. Corporation Name

CLASSIC VIDEO THEATRE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

2650 N. MILITARY TRAIL
SUITE 230
BOCA RATON FL 33431

Mailing Address

2650 N. MILITARY TRAIL
SUITE 230
BOCA RATON FL 33431

3. Date Incorporated or Qualified

05/18/1994

3a. Date of Last Report

2. Principal Place of Business

21 2650 N. MILITARY TR.

2a. Mailing Address

26 SAME

4. FEI Number

65-0267989

Applied For

Not Applicable

Suite, Apt. #, etc.

22 230

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

23 BOCA RATON, FL.

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33431

Country

25 USA

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBAROSH, MILTON H
2650 N. MILITARY TRAIL
SUITE 230
BOCA RATON FL 33431

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 607.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

1/9/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

NAME

BARBAROSH, MILTON H

STREET ADDRESS

2650 N. MILITARY TRAIL

CITY - ST - ZIP

BOCA RATON FL 33431

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

DELETE

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

PRESIDENT, DIRECTOR

MIKE GREENE

3.3 STREET ADDRESS

2650 N. MILITARY TR #230

3.4 CITY - ST - ZIP

BOCA RATON, FL. 33431

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 of this report or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR

1/9/95

4072419921