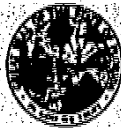


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:56**

DOCUMENT # H55092

(1)

1. Corporation Name

CINEMAS 4 POMPANO, INC.

Principal Place of Business

**C/O THE PRENTICE-HALL CORPORATION SYSTEM
SUITE 420, LEWIS STATE BANK BUILDING
TALLAHASSEE FL 32301**

Mailing Address

**45 WALPOLE ST.
8
NORWOOD MA 02062
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/03/1985

3a. Date of Last Report

06/20/1994

4. FEI Number

06-1134718

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. 198.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES S T.
STE. 105
TALLAHASSEE FL 32301**

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**DP
LOCKWOOD, ROGER
45 WALPOLE ST STE 6
NORWOOD MA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DT
FRIEDMAN, ARTHUR
45 WALPOLE ST STE 6
NORWOOD MA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DV
O'DONNELL, JOSEPH
96 BROADWAY
BOSTON MA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
O'DONNELL, KATHERINE
96 BROADWAY
BOSTON MA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S
MAURIELLO, ANTHONY T.
45 WALPOLE ST STE 6
NORWOOD MA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**AS
HAMMER, MIKE
400 ATLANTIC AVE.
BOSTON MA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Roger G. Lockwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 (617) 769-8900
DATE DAYTIME PHONE #