

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K24641 (8)

1. Corporation Name

CORAL SPRINGS SIX THEATRES, INC.



Principal Place of Business: **255 COMMERCIAL BLVD., #200 LAUDERDALE BY THE SEA FL 33308**
Mailing Address: **255 COMMERCIAL BLVD., #200 LAUDERDALE BY THE SEA FL 33308**

3. Date Incorporated or Qualified: **05/23/1988**
3a. Date of Last Report: **04/28/1995**

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**
4. FEI Number: **65-0050349**
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

**MELVIN, MICHAEL W.
2929 EAST COMMERCIAL BLVD.
SUITE 402
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81. Name: **82** Street Address (P.O. Box Number is Not Acceptable): **83** City: **84** **FL** **85** Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 and high level title of the individual)

(Printed Signature, typed or printed name and high level title of the corporation)

DATE:

12. OFFICERS AND DIRECTORS

TITLE: **D** ☐ DELETE
NAME: **CALEFFE, ROBERT A.**
STREET ADDRESS: **255 COMMERCIAL BLVD.**
CITY - ST - ZIP: **LAUDERDALE-BY-SEA FL**
TITLE: **D** ☐ DELETE
NAME: **HASHEMI, A. HAMID**
STREET ADDRESS: **255 COMMERCIAL BLVD.**
CITY - ST - ZIP: **LAUDERDALE-BY-SEA FL**
TITLE: **D** ☐ DELETE
NAME: **MELVIN, MICHAEL W.**
STREET ADDRESS: **2929 E. COMMERCIAL BLVD.**
CITY - ST - ZIP: **FORT LAUDERDALE FL**
TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ☐ Change ☐ Addition
1.2 NAME:
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:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:
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 do 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)(c), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE:

DEPUTY PHONE #:

CR2E034 (12/95)