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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90058 042 ***150.00

PALM CU	JAST SHOWCASE CINEMA	III, INC.							
Principal Place	of Business	Mailing Address						HON BIBLI BIBLI	
		,]				
229 ST JOE PL		229 ST JOE PLAZA DR P O BOX 352642			1				
P O BOX 352642 PALM COAST FL 32135		PALM COAST FL 32135				DO NOT WRITE IN THIS SPACE			
	02.00					3. Date Incorporated or Quali	fed		
						02/23/1988			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21		26		_	-	59-2883006		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	a 🗆		Additional
22 -	* <u> </u>	27		<u> </u>	-	J. Controlle of Childs Bosie	<u> </u>	Fee R	equired
City & State	3	City & State				Election Campaign Financi	ng □		Мау Ве
23		28				Trust Fund Contribution		<u>Added</u>	to Fees
Zip	Country	Zip	Country			8. This corporation owes the	current year In		
24	25		30		L	Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent	81	NI	1	10. Name and Address of Ne	w Registered	Agent	
Cum	NENTO MICUAEL D		61	Name	Tiπ	nothy J. Conner			
CHIUMENTO, MICHAEL D.			82	Street /	Address	(P.O. Box Number is Not Acc		110	
	D KINGS RD STE B				1 F	lorida Park Dr.	, N., St	e. 110	
PALN	I COAST FL 32137		83						
			84	City				85 Zip	Code 137
				,	Pa1	lm Coast	<u>FL</u>	_ 32	137
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	e-named	corpora	tion submits this statement for	the purpose of	cnanging it	registereu
11. Pursuant office or ragent. I a	to the provisions of Sections 602-050 egistered agent, or both, in the State or familiar with, and accept the obligations of th	<u></u>			corpora oration's		the purpose of ccept the appo	intment as r	egistered
SIGNATURE	Signature, typed of printed name of registered ager	nt and little if applicable. [NOTE: F	Registered Ager		corpora oration's	en reinstating)	4.28.9 DATE	9	
SIGNATURE	Signature, typed of efficied name of typestered ager OFFICERS AN	in and title if applicable. [NOTE: F	Registered Ager		corpora oration's		4.28.9 DATE	9	
SIGNATURE 12. TITLE	Signature, types of printed name of systemate ager OFFICERS AN	nt and little if applicable. [NOTE: F	13.		corpora oration's	en reinstating)	4.28.9 DATE	ND DIRECT	ORS IN 12
SIGNATURE 12. TITLE . NAME	Signature, types of printed name of the stered ager OFFICERS AN DP FRASSRAND, THOMAS H.	in and title if applicable. [NOTE: F	13. 1.1 TITLE 1.2 NAME	it signature f	corpora oration's	en reinstating)	4.28.9 DATE	ND DIRECT	ORS IN 12
SIGNATURE 12. TITLE ' NAME STREET ADDRESS	Signature, types of printed name allows stered ager OFFICERS AN DP FRASSRAND, THOMAS H. 29 COLD SPRING CT.	in and title if applicable. [NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET	it signature re	corpora oration's	en reinstating)	4.28.9 DATE	ND DIRECT	ORS IN 12
SIGNATURE 12. TITLE ' NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN DP FRASSRAND, THOMAS H. 29 COLD SPRING CT. PALM COAST FL	nt and title if applicable. (NOTE: FID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	it signature re	corpora oration's	en reinstating)	4.28.9 DATE	ND DIRECT	ORS IN 12
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SIGNATURE 12. TITLE - NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN DP FRASSRAND, THOMAS H. 29 COLD SPRING CT. PALM COAST FL DST FRASSRAND, MARGARET J.	nt and title if applicable. (NOTE: FID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	it signature re	corpora oration's	en reinstating)	4.28.9 DATE	ND DIRECTO	ORS IN 12 ☐ Addition
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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, with all other like empowered.

SIGNATURE: