

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90248 030 \*\*\*150.00

**DOCUMENT # M82794**

1. Entity Name

SANIBEL CINEMA CORPORATION



Principal Place of Business

535 TARPON BAY RD.  
P.O. BOX 381  
SANIBEL ISLAND, FL 33957

Mailing Address

535 TARPON BAY RD.  
P.O. BOX 381  
SANIBEL ISLAND, FL 33957



02052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0062380

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ - **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KAPLAN, MICHELE  
535 TARPON BAY RD  
SANIBEL, FL 33957

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
KAPLAN, MICHELE  
535 TARPON BAY RD.  
SANIBEL ISLAND, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~ST~~  
~~KAPLAN, EDWARD~~  
~~535 TARPON BAY RD.~~  
~~SANIBEL ISLAND, FL~~

*NO longer  
an officer*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Michele Kaplan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/27/04*