SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name M88166

(7)

VALUE CINEMAS OF FLORIDA, INC.

FILED						
Sep 17 1998 8:00am						
Secretary of State						



Principal Place of Business		Mailing Address			- 4 AMBEMBAN MAN TANÀN KANDA MININA MININA MININA MANDIN MININA MININA MININA MININA MININA MININA MININA MININA	
C/O WILLIAM J. STEMBLER		C/O WILLIAM J. STEMBLER				
P. O. BOX 18707		P. O. BOX 18707				
ATLANTA GA 31124		ATLANTA GA 31124				IN THIS SPACE
US		US			3. Date Incorporated or Qualified 07/05/1988	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			58-1800108	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be	
		[28]			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid	
24	25	29	30		Personal Property Tax due June	
LEE	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Reg	istered Agent
	, CLY <b>DE</b> E		İ	R	icky Atkine	
	9 LEAR DR #105				ess (P.O. Box Number is Not Acceptable	
J	SUITE 108				OI SW ZWACT, BIDG	5 4106
į tan	TANA FL 33462			83		
				84 City	<u> </u>	85 Zip Code
				MA	ngate Fl	FL88
11. Pursuan	t to the provisions of sections 607.050	2 and 607.1508, Florida Statut	es, the abo	ove-named corpor	ration submits this statement for the purp	ose of changing its registered
agent. I	am familiar with, and accept the oblig	ajon of, section 607.0505, F	orida Stati	utes.	on's board of directors. I hereby accept the	le appointment as registered
SIGNATURE	1 1/2 . 1 . 1	ethi	Kick	V ATKINS		9-11-98
	Signature, typed or printer name of register d age			d Agent signature requ		DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD MAILLIAN	L_] DELETE	1.1 TIT			Change Addition
NAME	STEMBLER, WILLIAM J.		1.2 NA			
STREET ADDRESS	2999 PIEDMONT RD., 2 FL		1.3 STF	REET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	<del></del>		Y-ST-ZIP		
TITLE	VPD	L DELETE	2.1 TIT	LE		Change Addition _
NAME	STEMBLER, JOHN H., JR.		2.2 NA	ME		
STREET ADDRESS	2999 PIEDMONT RD, 2 FL.		2.3 ST	REET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		2.4 CIT	Y-\$T-ZIP		
TITLE	SD	DELETE	3.1 TIT	LE		Change Addition
NAME	STEMBLER, ANNE M.		3.2 NA	ME		į
STREET ADDRESS	2999 PIEDMONT RD, 2 FL.		3.3 STF	REET ADDRESS		1
CITY-ST-ZIP	ATLANTA GA		3.4 CIT	Y-ST-ZIP		
TITLE		DELETE	4.1 TIT	LE ]		Change Addition
NAME			4.2 NA	ME		1
STREET ADDRESS			4.3 STF	REET ADDRESS	,	
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		
TITLE		DELETE	5.1 TIT	LE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STF	REET ADDRESS		
CITY-ST-ZiP				Y-ST-ZIP		
TITLE		DELETE	6.1 TIT			Change Addition
NAME	}	L.J DELETE	6.2 NA	\ \ \		C Stituige [ ] Addition
STREET ADDRESS				LEET ADDRESS		
CITY-ST-ZIP			1	Y-ST-ZIP		
VII I-SI-ZIF	l		0.4 (1)	1-01-Fit.		

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 charged, or on an attachment with an address.

9/2/98