

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08230

(7)

1. Corporation Name

POPE THEATRE COMPANY INC.



Principal Place of Business

**262 SOUTH OCEAN BLVD
MANALAPAN FL 33462**

Mailing Address

**262 SOUTH OCEAN BLVD
MANALAPAN FL 33462**

3. Date Incorporated or Qualified
03/18/1985

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2551430

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

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

24

25

Country

29

Zip

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TYRRELL, LOUIS
4 17TH STREET S
LAKE WORTH FL 33460**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

LOUIS TYRRELL, CEO

4/16/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILDAN, LAURIE	
STREET ADDRESS	777 S FLAGLER #310E	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HALL, DANIEL S.	
STREET ADDRESS	222 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BONE, WILLIAM D.	
STREET ADDRESS	250 AUSTRALIAN AVE. S. #1404	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHUPP, RUDY	
STREET ADDRESS	4400 CONGRESS AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUBORD, LOUIS	
STREET ADDRESS	3300 PGA BLVD 300	
CITY-ST-ZIP	PAL BEACH GARDENS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GASPARI, CHARLES	
STREET ADDRESS	3520 EMBASSY DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	BONE, WILLIAM D.
3.4 CITY-ST-ZIP	250 AUSTRALIAN AVE. S. #1404 WEST PALM BEACH, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CEO
4.3 STREET ADDRESS	TYRRELL, LOUIS
4.4 CITY-ST-ZIP	4 17TH STREET S LAKE WORTH, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD
5.3 STREET ADDRESS	DUBORD, LOUIS
5.4 CITY-ST-ZIP	3300 PGA BLVD 300 PALM BEACH GARDENS, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE:

[Signature]

CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOUIS TYRRELL

4/16/96

Date

Daytime Phone #

407-585-3404

CR2E037 (12/95)