

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08230**

(7)

1. Corporation Name

POPE THEATRE COMPANY INC. FLORIDA STAGE, INC



Principal Place of Business 262 SOUTH OCEAN BLVD MANALAPAN FL 33462	Mailing Address 262 SOUTH OCEAN BLVD MANALAPAN FL 33462
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/18/1985		3a. Date of Last Report 04/24/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2551430		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD	GILDAN, LAURIE	777 S FLAGLER #310E W PALM BCH FL				
	VD	HALL, DANIEL S.	222 ROYAL PALM WAY PALM BEACH FL				
	SD	BONE, WILLIAM D.	280 AUSTRALIAN AVE. S. #1404 WEST PALM BEACH FL				
	CEO	TYRRELL LOUIS	4 17TH ST. S LAKE WORTH FL				
	VD	DUBORD, LOUIS	3300 PGA BLVD 300 PAL BEACH GARDENS FL				
	TD	BUBORD, LOUIS	3300 PGA BLVD 300 PALM BCH GARDENS FL				

2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	Vice Chair	Deluccio, Michael	784 US Highway 1 North Palm Beaches, FL
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	Secretary	Palmer, Adam	4800 N Federal Hwy Suite 200E Boca Raton, FL
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		400002303844	-09/25/97--01111--020
		***61.25	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	Treasurer	Stoops, Jeff	777 S Flagler Dr #500E West Palm Beach, FL
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	Trustee	Wileen Coyne	2151 Nul 60th Circle Boca Raton, FL 33496

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or in an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED

8/31/97

CR2E037 (4/97)