

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

DOCUMENT # N08230 (7)
 1. Corporation Name
 POPE THEATRE COMPANY INC - FLORIDA STAGE, INC



Principal Place of Business Mailing Address
 262 SOUTH OCEAN BLVD 262 SOUTH OCEAN BLVD
 MANALAPAN FL 33462 MANALAPAN FL 33462

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1985		3a. Date of Last Report 04/24/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2551430		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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
 TYRRELL, LOUIS
 4 17TH STREET S
 LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

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 checked="" type="checkbox"/> DELETE
NAME	HALL, DANIEL S.	
STREET ADDRESS	222 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BONE, WILLIAM D.	
STREET ADDRESS	250 AUSTRALIAN AVE. S. #1404	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	TYRRELL LOUIS	
STREET ADDRESS	4 17TH ST. S	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DUBORD, LOUIS	
STREET ADDRESS	3300 PGA BLVD 300	
CITY-ST-ZIP	PAL BEACH GARDENS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BUBORD, LOUIS	
STREET ADDRESS	3300 PGA BLVD 300	
CITY-ST-ZIP	PALM BCH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice Chair
2.3 STREET ADDRESS	Deluccia, Michael
2.4 CITY-ST-ZIP	784 US Highway 1 North Palm Beaches, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Palmer, Adam
3.4 CITY-ST-ZIP	4800 N Federal Hwy Suite 200E Boca Raton, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400002303844
4.3 STREET ADDRESS	-09/25/97--01111--020
4.4 CITY-ST-ZIP	***61.25
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Treasurer
5.3 STREET ADDRESS	Stoops, Jeff
5.4 CITY-ST-ZIP	777 S Flagler Dr #500E West Palm Beach, FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Trustee
6.3 STREET ADDRESS	Wileen Coyne
6.4 CITY-ST-ZIP	2151 Nul Bots 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 on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED 8/31/97

CF2E037 (4/97)