

FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N11907 (5)

1. Corporation Name

THEATREWORKS OF SARASOTA, INC.

Principal Place of Business

Mailing Address

C/O PATTI O'BERG  
1247 1ST STREET  
SARASOTA FL 34236C/O PATTI O'BERG  
1247 1ST STREET  
SARASOTA FL 34236-55013. Date Incorporated or Qualified  
11/05/19853a. Date of Last Report  
06/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOLLARD, YVONNE  
1247 1ST STREET  
SARASOTA FL 34236

81 Name

O'BERG, PATTI

82 Street Address (P.O. Box Number is Not Acceptable)

2300 HILLVIEW

83

84 City

SARASOTA

FL

85 Zip Code

34239

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LERER, CARL	
STREET ADDRESS	2602 SUNNYSIDE LANE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	O'BERG, PATTI	
STREET ADDRESS	2300 HILLVIEW	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DOLLARD, YVONNE	
STREET ADDRESS	2388 BURTON LANE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, PATRICIA S.	
STREET ADDRESS	1008 GLEGE LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PATTI O'BERG	
1.3 STREET ADDRESS	2300 HILLVIEW	
1.4 CITY-ST-ZIP	SARASOTA, FL 34239	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DEE ANDERSON	
2.3 STREET ADDRESS	777 PALM AVE.	
2.4 CITY-ST-ZIP	SARASOTA, FL 34236	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAY STRAUSS TERAN	
3.3 STREET ADDRESS	33 GULF STREAM AVE. S.	
3.4 CITY-ST-ZIP	SARASOTA, FL 34236	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PATRICK PIERCE	
4.3 STREET ADDRESS	7560 ALICIA LANE	
4.4 CITY-ST-ZIP	SARASOTA, FL 34243	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	YVONNE DOLLARD	
5.3 STREET ADDRESS	2388 BURTON LANE	
5.4 CITY-ST-ZIP	SARASOTA, FL 34239	
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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061109

CR2E037 (9/96)