

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 # N15054 (2)

1. Corporation Name

ENZIAN THEATER, INC.



Principal Place of Business

Mailing Address

~~% MARIE CHRISTINE TIEDTKE~~
1300 SOUTH ORLANDO AVENUE
MAITLAND FL 32751-6415

~~% MARIE CHRISTINE TIEDTKE~~
1300 SOUTH ORLANDO AVENUE
MAITLAND FL 32751-6415

3. Date Incorporated or Qualified

05/22/1986

3a. Date of Last Report

05/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2719581

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

23

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

24

Zip

Country

Zip

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

**TRISMEN, RICHARD F.
213 W. COMSTOCK, AVE.
WINTER PARK FL 32789**

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

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 ☐ DELETE

NAME **PDC**

STREET ADDRESS **TIEDTKE, JOHN**

CITY-ST-ZIP **1 ISLE OF SICILY**

WINTER PARK FL

TITLE ☐ DELETE

NAME **VD**

STREET ADDRESS **TIEDTKE, SYLVIA**

CITY-ST-ZIP **1 ISLE OF SICILY**

WINTER PARK FL

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **BROWN, MARJORIE A.**

CITY-ST-ZIP **2010 MOHAWK TRAIL**

MAITLAND FL

TITLE ☐ DELETE

NAME **V**

STREET ADDRESS **TIEDTKE, SIGRID**

CITY-ST-ZIP **1760 GAINES WAY**

WINTER PARK FL

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **TIEDTKE, MARIE CHRISTINE**

CITY-ST-ZIP **1300 S ORLANDO AVE**

MAITLAND FL

TITLE ☐ DELETE

NAME **DST**

STREET ADDRESS **TRISHMEN, RICHARD F**

CITY-ST-ZIP **213 W. COMSTOCK AVE**

WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE: *Sigrid Tiedtke* *Sigrid Tiedtke* *Sigrid Tiedtke*

4/23/96 (407) 629-1088

CR2E037 (12/95)