


FILE NOW: FILING FEE IS \$61.25

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May 01 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 # N24404 (8) 1. Corporation Name SOUTH FLORIDA THEATRE OF THE DEAF, INC.			
Principal Place of Business 1350 E. SUNRISE BLVD. STE. 126 FORT LAUDERDALE FL 33304 US		Mailing Address 1350 E. SUNRISE BLVD. STE. 126 FORT LAUDERDALE FL 33304-2817 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/19/1988		3a. Date of Last Report 02/26/1996	
4. FEI Number 65-0037567		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent MARGULIS, STEPHEN 10747 N.W. 28TH STREET SUNRISE FL 33322-2553		10. Name and Address of New Registered Agent 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, ROBYN	1.2 NAME	D KENNETH D. COOPER
STREET ADDRESS	800 PARK VIEW DR., #115	1.3 STREET ADDRESS	400 SE 8TH ST.
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33316
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BARRON K	2.2 NAME	
STREET ADDRESS	2460 OAK GARDEN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELNER, JUDY W	3.2 NAME	
STREET ADDRESS	401 N.E. MIZNER BLVD., #T708	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGULIS, STEPHEN	4.2 NAME	
STREET ADDRESS	10747 N.W. 28TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEET, J. L	5.2 NAME	
STREET ADDRESS	1965 SACRAMENTO	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, BERNHARD	6.2 NAME	
STREET ADDRESS	3901 S. OCEAN DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	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, unchanged, or on an attachment with an address.

SIGNATURE: *STEPHEN MARGULIS* **MARGULIS, S** 4/24/97 954-797-0672
Date Daytime Phone # 0035535

CR2E037 (9/96)