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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am § Secretary of State

04-02-1999 90081 014 ****61.25

DOCUMENT # N24404

1. Corporation Name

SOUTH FLORIDA THEATRE OF THE DEAF, INC.

FIRICIPALFIAC	e of Business	Mai	Mailing Address										
1350 E. SUNRISE BLVD. STE. 126			1350 E. SUNRISE BLVD. STE: 126										
FORT LAUDERDALE FL 33304			FORT LAUDERDALE FL 33304					HANDO DAY HAND DID	i) dibii bbii/ bi	DS BIBLI DI	ON BLON BEBN	Alāli Fieli	1001
US		US											
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2. Principal Place of Business			2a. Mailing Address				3. Date Incorporated or Qualified 01/19/1988						
21			Suite Act # etc				4. FEI Number Applied For						
Suite, Apt. #, etc.			Suite, Apt. #, etc.					37567			—	Not Appli	
22 City 9 Stat		27	City & State					-	·			Additio	
City & State			28				5. Certifca	ite of Status D	esired - [Required	
Zip Country			Zip Country				6. Flection	n Campaign Fi	inancing .		\$5.0	O May B	ie –
24	25	29	30			-		und Contributi	1			d to Fee	
24	9. Name and Address of Current			<u> </u>			10. Name a	and Address	of New Reg	istered	Agent		
				8	1 Name	9							1
MARGULIS, STEPHEN				8	Stree	at Address (P.O. Box Number is Not Acceptable)							
841 SW 7				"	50000	n Addres	3 (1 .O. DOX	THOMBOT IS 140	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- ,			
	ON FL 33317			8	3								
I GAINAII	014 / 2 000 //			8	4 City						85 Zi	Code	—
										FL	_		_
11. Pursuant	to the provisions of Sections 617,0502 egistered agent, or both, in the State of	and 61	7.1508, Florida Statutes,	the abo	ve-name	d corpora	ation submit	s this stateme	nt for the pu	rpose of	changing	ts registe	ered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligation	Florida	s. Such change was auth Section 617.0503. Florida	iorized b a Statute	y the cor es.	poration's	s board of d	irectors. I here	eby accept t	ne appo	intment as	registere	۱ ا
		J.1.5 G.,	1								•		- 1
													- 1
SIGNATURE	Signature, typed or printed name of registered agent a	and title if a	applicable. (NOTE: Re	gistered Ag	ent signatur	e required w	nen reinstating)			DATE			
12.	Signature, typed or printed name of registered agent a OFFICERS AND	-	TORS	13.		e required wi		NS/CHANGE	S TO OFFIC				
	OFFICERS AND	-	<u> </u>			e required w		NS/CHANGE	S TO OFFIC		ND DIRECT		12 Addition
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14. I 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 suppliemental 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 of 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, of open attackment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Stephen Margulis, Sec'y/Treas. 3/31/99 954-797-0672