


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N25988** (9)

1. Corporation Name

ALPHABET THEATRE PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

**11340 SW 176TH ST
MIAMI FL 33157
US**

**11340 SW 176TH ST
MIAMI FL 33157
US**



3. Date Incorporated or Qualified

04/19/1988

4. FEI Number

65-0031321

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZUNIGA, MARLON
11340 SW 176TH ST.
MIAMI FL 33157**

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

Marlon Zuniga

Signature typed or printed name of Registered Agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/23/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **PIAZZA, JEANNIE**
STREET ADDRESS **11340 SW 176TH ST**
CITY-ST-ZIP **MIAMI FL 33157**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **ZUNIGA, MARLON**
STREET ADDRESS **11340 SW 176TH ST**
CITY-ST-ZIP **MIAMI BCH. FL 33157**

1.2 NAME ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE

NAME **GARCIA, GREETEN**
STREET ADDRESS **6085 SW 2ND ST**
CITY-ST-ZIP **MIAMI FL 33144**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **ELKINS, JUDY**
STREET ADDRESS **4624 SW 64 COURT**
CITY-ST-ZIP **MIAMI FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **BUCKLAND, JUDY**
STREET ADDRESS **3801 SOUTH OCEAN DRIVE #4C GALAHAD SOUTH**
CITY-ST-ZIP **HOLLYWOOD FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

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

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 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:

Jeannie Piazza

Signature typed or printed name of signing officer or director

2/23/98 (305) 232-2628

Date

Debit Phone #

CR25037 (10/97)