

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32019

(4)

1. Corporation Name

THE PUBLIC THEATRE OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O VINCE RHOMBERG
2301 NE 26 ST
FT. LAUDERDALE FL 33020

C/O VINCE RHOMBERG
2301 NE 26 ST
FT. LAUDERDALE FL 33020

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

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/01/1989

4. FEI Number

65-0161710

Applied For

Not Applicable

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

RHOMBERG, VINCE
837 NE 16TH AVENUE #5
FT. LAUDERDALE FL 33304

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 DP
NAME VOLLMUTH, ARLYNNE
STREET ADDRESS 3333 N.E. 34 ST. #107
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE VPD
NAME BARWORK, REBECCA
STREET ADDRESS 114 W. CYPRESS LN.
CITY-ST-ZIP POMPANO BCH FL

☐ DELETE

TITLE DS
NAME UAGER, ESTELLE
STREET ADDRESS 2500 E. LAS OLAS BLVD., #408
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE VPD
2.2 NAME BARMACK, REBECCA
2.3 STREET ADDRESS 1114 W. CYPRESS LN.
2.4 CITY-ST-ZIP POMPANO BCH, FL

☒ Change ☐ Addition

3.1 TITLE DS
3.2 NAME UNGER, ESTELLE
3.3 STREET ADDRESS 2500 E. LAS OLAS BLVD. #408
3.4 CITY-ST-ZIP FORT LAUDERDALE, FL

☒ Change ☐ Addition

4.1 TITLE Treasurer
4.2 NAME ROBERT BERENS
4.3 STREET ADDRESS 905 NE 20th STREET, STE. 202, MIAMI FL
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Vince Rhomberg VINCE RHOMBERG

07/02/98

954/564-6770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

93179