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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32019

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/01/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0161710 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired X — $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	PRES.	X Change ☐ Addition
NAME	VOLLMUTH, ARLYNNE		1.2 NAME	JACK SEELIN, D.D.S.	
STREET ADDRESS	3333 N.E. 34 ST. #107		1.3 STREET ADDRESS	1709 E. LAS OLAS BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	VPD	☐ DELETE	2.1 TITLE	VP	X Change ☐ Addition
NAME	BARWORK, REBECCA		2.2 NAME	P. CONSTANCE SAVORY	
STREET ADDRESS	1114 W CYPRESS LN		2.3 STREET ADDRESS	308 NE 20 Street	
CITY-ST-ZIP	POMPANO BCH FL		2.4 CITY-ST-ZIP	Wilton Manors, FL 33305	
TITLE	DS	☐ DELETE	3.1 TITLE	SEC.	X Change ☐ Addition
NAME	UAGER, ESTELLE		3.2 NAME	TINA BAYNE	
STREET ADDRESS	2500 E. LAS OLAS BLVD., #408		3.3 STREET ADDRESS	406 NW 68 Avenue	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	Plantation, FL 33317	
TITLE	T	☐ DELETE	4.1 TITLE	T.	X Change ☐ Addition
NAME	BERENS, TOBERT		4.2 NAME	DAVID HERMAN	
STREET ADDRESS	905 NE 209TH STREET, STE 202		4.3 STREET ADDRESS	5100 Town Center Circle, 6th Floor	
CITY-ST-ZIP	MIAMI FL 33179		4.4 CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	02-23-99 90015 013 $70.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DBR 3/11	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED VINCE RHOMBERG 1/4/99 954/564-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)