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Apr 24 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 # N45753 (3)

1. Corporation Name

WEST END THEATRE INC.



Principal Place of Business

12891 UPPER COVE DRIVE  
WELLINGTON FL 33414

Mailing Address

12891 UPPER COVE DR  
WELLINGTON FL 33414-7851  
US

3. Date Incorporated or Qualified  
10/25/1991

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
65-0293371

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STERNFELD, MANNY  
12891 UPPER COVE DR  
WEST PALM BCH FL 33414

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

TITLE PD ☐ DELETE  
NAME STERNFELD, MANNY  
STREET ADDRESS 12891 UPPER COVE DR  
CITY-ST-ZIP WEST PALM BCH FL

TITLE VD ☐ DELETE  
NAME MEYER, SUNNY  
STREET ADDRESS 1151 ROWAYTON CIR  
CITY-ST-ZIP WEST PALM BCH FL

TITLE D ☐ DELETE  
NAME AUSTER, DIANNE  
STREET ADDRESS 13008 MEADOWBREEZE DR  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE TD ☐ DELETE  
NAME GLASBERG, MARC  
STREET ADDRESS 11891 WHITE MARSH DR  
CITY-ST-ZIP WEST PALM BCH FL

TITLE SD ☐ DELETE  
NAME UNSER, BRUCE  
STREET ADDRESS 598 JUNIPER PL  
CITY-ST-ZIP WEST PALM BCH FL

TITLE D ☐ DELETE  
NAME RAY NEUBERT  
STREET ADDRESS 1629 GRANTHAM DR.  
CITY-ST-ZIP WEST PALM BCH FL 33414

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

Manny Stenfeld  
MANNY STERNFELD

4/21/97 798-4607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041216

CR2E037 (9/96)