

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45753** (3)

1. Corporation Name

WEST END THEATRE INC.

Principal Place of Business

Mailing Address

**12891 UPPER COVE DRIVE
WELLINGTON FL 33414**

**12891 UPPER COVE DR
WELLINGTON FL 33414
US**

3. Date Incorporated or Qualified

10/25/1991

4. FEI Number

65-0293371

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

City & State

City & State

23

28

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **GLASBERG, MARC**
STREET ADDRESS **11691 WHITE MARSH DR**
CITY-ST-ZIP **WEST PALM BCH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

TITLE **D** ☐ DELETE
NAME **NEUBERT, RAY**
STREET ADDRESS **1629 GRANTHAM DR**
CITY-ST-ZIP **WEST PALM BEACH FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manny Sternfeld 4/28/98 561-798-4607
MANNY (STERNFELD)
Daytime Phone # **0042156**

CR2E037 (10/97)