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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N51356

1. Corporation Name
THE LOOKING GLASS THEATRE INC.

Principal Place of Business
 11115 N DALE MABRY HWY
 TAMPA FL 33618
 US

Mailing Address
 11115 N DALE MABRY HWY
 TAMPA FL 33618
 US



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/15/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3138244
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WHITTINGTON, SHERI 16226 FANTASIA DR TAMPA FL 33624		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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTINGTON, SHERI	1.2 NAME	
STREET ADDRESS	16226 FANTASIA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, MICHELE	2.2 NAME	
STREET ADDRESS	4650 BAYCREST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARIO, MARY JO	3.2 NAME	SCANIO, MARY JO
STREET ADDRESS	13911 SHADY SHORES DR	3.3 STREET ADDRESS	13911 Shady Shores Dr. (SCANIO)
CITY-ST-ZIP	TAMPA FL 33613	3.4 CITY-ST-ZIP	Tampa, FL 33613
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACEWELL, LOREN	4.2 NAME	
STREET ADDRESS	5003 CASTILLE PL APT 196	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, KIM	5.2 NAME	LINDELAAN
STREET ADDRESS	10114 LINDELMAN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, RICHARD	6.2 NAME	
STREET ADDRESS	6814 MITCHELL CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-25-99 813-969-0240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (11/98)