

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000612 (3)**

1. Corporation Name

**WESTSIDE THEATRE ALLIANCE, INC.**



Principal Place of Business <b>2801 TRADEWINDS TRAIL ORLANDO FL 32805</b>	Mailing Address <b>2801 TRADEWINDS TRAIL ORLANDO FL 32805</b>
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3. Date Incorporated or Qualified <b>12/07/1992</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number <b>59-3183658</b>	Not Applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent <b>TRIMBLE, MELISSA 57 W. PINE STREET SUITE 300 ORLANDO FL 32801</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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	VP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, LORENZO	1.2 NAME	<b>ADIP</b>
STREET ADDRESS	3907 GOLDEN BEAR CT #727	1.3 STREET ADDRESS	<b>Leroi Victor Millsap</b>
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	<b>2801 Tradewinds Trail Orlando, FL 32805</b>
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVER, PHI Y	2.2 NAME	<b>Wilson B. Thomas VP</b>
STREET ADDRESS	2031 W LIVINGSTON ST	2.3 STREET ADDRESS	<b>971 Piedmont Oaks Dr</b>
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	<b>Apopka, FL 32703</b>
TITLE	AD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLSAP, VICTOR L	3.2 NAME	<b>VPIS</b>
STREET ADDRESS	2801 TRADEWINDS TR	3.3 STREET ADDRESS	<b>Michelle Falana</b>
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	<b>2801 Tradewinds Tr. Orlando, FL 32805</b>
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWS, ROSE	4.2 NAME	<b>Rose T. Laws</b>
STREET ADDRESS	5821 LACONIA RD	4.3 STREET ADDRESS	<b>5821 Laconia Rd.</b>
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	<b>Orlando, FL 32818</b>
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, RON	5.2 NAME	<b>D.</b>
STREET ADDRESS	2801 TRADEWINDS TR	5.3 STREET ADDRESS	<b>Benji Westmoreland</b>
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	<b>1691 Semoran North Circle #101 Orlando, FL 32792</b>
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIVERS, MARY	6.2 NAME	<b>D.</b>
STREET ADDRESS	107 CLAYMORE ST	6.3 STREET ADDRESS	<b>Mary Chivers</b>
CITY-ST-ZIP	DELTONA FL	6.4 CITY-ST-ZIP	<b>107 Claymore St. Deltona, FL</b>

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: \_\_\_\_\_ Date: **May 19 1998 (407)**

CP2E037 (10/97)