

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 9:40

DOCUMENT # N93000000468 (9)

1. Corporation Name

THE T-REX CONTEMPORARY THEATRE GROUP INC.

Principal Place of Business

768 N.W. 63RD STREET
MIAMI FL 33150

Mailing Address

P. O. BOX 370072
MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1993

3a. Date of Last Report

09/12/1994

4. FEI Number

65-0389714

Applied For

Not Applicable

2. Principal Place of Business

21 1245 NW 84th Ter.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Miami, FL

28 City & State

29 City & State

24 Zip

25 DADE

26 Zip

27 Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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

9. Name and Address of Current Registered Agent

LAIRD, JOHN
768 N.W. 63RD STREET
MIAMI FL 33150

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of individual who is not a registered agent and is not a corporation

(NOTE: Registered Agent signature required when resigning)

DATE

6-4-95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PO	JOHN LAIRD	P.O. BOX 370072 N/A	MIAMI FL 33137
D	AKIBA JACKSON	2130 WILMINGTON ST	OPALOCKA FL 33054
D	ALVEN MOREE	2735 NW 10TH ST	MIAMI FL
D	MICHAEL COX	7215 NW 38TH CT	MIAMI FL 33137
D	PAT REEVES MOORE	7601 E. TREASURE	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
				☐	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☒	☐
	STEVE BULLOCK	19032 NW 80TH CT	MIAMI, FL 33015		
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐	☐
	ALVIN MOORE	2735 NW 10th St.	MIAMI, FL.		
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☒	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☒	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 817, 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

DATE

6-4-95