


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90044 021 ****70.00

0051468

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000002404					
1. Corporation Name ENCORE THEATRE, INC.					
Principal Place of Business 3413 S. OMAR AVE. TAMPA FL 33629			Mailing Address 3413 S. OMAR AVE. TAMPA FL 33629		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/21/1993	
				4. FEI Number 59-3199205	
				Applied For Not Applicable	
				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 ANDREU, TIMOTHY A 101 E. KENNEDY BLVD. SUITE 2900 TAMPA FL 33602				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]* DATE *[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	D	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDENE, GRETA		1.2 NAME				
STREET ADDRESS	C/O 3413 S. OMAR AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33629		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JUDITH		2.2 NAME				
STREET ADDRESS	3301 BAYSHORE, UNIT 408		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREU, TIMOTHY		3.2 NAME				
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 2900		3.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33602		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOYT, PAT		4.2 NAME				
STREET ADDRESS	3435 BAYSHORE SBLVD #1401		4.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33629		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, COLLEEN		5.2 NAME				
STREET ADDRESS	528 Blain St.		5.3 STREET ADDRESS				
CITY-ST-ZIP	SAVANNAH, GA. 31401		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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** *[Signature]* 1/24/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR