


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000001300 1. Corporation Name CLASSIC/FOREIGN FILM DISCUSSION GROUP, INC.			
Principal Place of Business 330 SE SECOND STREET #403G HALLANDALE, FL 33009		Mailing Address 330 SE SECOND STREET #403G HALLANDALE, FL 33009	
2. Principal Place of Business 21 330 SE SECOND ST. Suite, Apt. #, etc. 22 403G City & State 23 HALLANDALE Zip 24 33009		2a. Mailing Address 26 330 SE SECOND ST. Suite, Apt. #, etc. 27 403G City & State 28 HALLANDALE Zip 29 33009	
3. Date Incorporated or Qualified March 3, 1994		3a. Date of Last Report 1996	
4. FEI Number 65-0486874		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent DR. EDWARD J. REININGER 330 SE SECOND STREET #403G HALLANDALE, FL 33009		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 <u>D. Edward J. Reininger</u> Chairman - Organizer 4/29/97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME C/D STREET ADDRESS DR. EDWARD J. REININGER CITY-ST-ZIP 330 SE SECOND STREET #403G HALLANDALE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS SEBASTIAN S. SEQUENZIA CITY-ST-ZIP 4124 SW 22nd STREET FORT LAUDERDALE, FL 33317		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS CHARLOTTE KATZIF CITY-ST-ZIP 13041 BISCAYNE BLVD. #704T4S6. NORTH MIAMI BEACH, FL 33160		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS DR. MARIAN DEMOS CITY-ST-ZIP 3001 S. OCEAN DRIVE PHD HOLLYWOOD, FL 33009		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS LU DEANER CITY-ST-ZIP 3025 NE 22nd STREET FORT LAUDERDALE, FL 33305		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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: <u>D. Edward J. Reininger</u> Chairman - Organizer 4/29/97 954-458-5825 <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E037 (9/96)