


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003074 (1)
 1. Corporation Name
RITZ COMMUNITY THEATER PROJECTS, INC.



Principal Place of Business 101 WEST FIRST STREET STE. A SANFORD FL 32771	Mailing Address 101 WEST FIRST STREET STE. A SANFORD FL 32771
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3. Date Incorporated or Qualified 06/20/1994	3a. Date of Last Report 07/10/1995
4. FEI Number 59-3274090	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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**STAIRS, HELEN L
 101 WEST FIRST STREET STE. A
 SANFORD FL 32771**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Helen L. Stairs* **6-10-96**
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 PD	NAME STAIRS, HELEN L	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 101 WEST FIRST STREET STE. A	CITY-ST-ZIP SANFORD FL 32771	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE VD	NAME SHAEFFER, PAT	1.4 CITY-ST-ZIP	
STREET ADDRESS 2312 S. MELLONVILLE AVENUE	CITY-ST-ZIP SANFORD FL 32771	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	2.2 NAME KAY BARTHOLOMEW VD	
TITLE SD	NAME HARRIS, LINDA C	2.3 STREET ADDRESS 179 HERON BAY CIRCLE	
STREET ADDRESS 204 MCVAY DRIVE	CITY-ST-ZIP SANFORD FL	2.4 CITY-ST-ZIP LAKE MARY, FL 32746	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	NAME SPEIDEL, CARLA	3.2 NAME FRED ROGERS, JR SD	
STREET ADDRESS 101 W FIRST STREET, SUITE A	CITY-ST-ZIP SANFORD FL	3.3 STREET ADDRESS 604 GUN AVE. S.	
	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP SANFORD, FL 32771	
TITLE	NAME	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME LINDA HARRIS TD	
CITY-ST-ZIP		4.3 STREET ADDRESS 204 MCVAY DRIVE	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP SANFORD, FL 32771	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 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 119.07(3)(k), 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: *Helen L. Stairs* **6-10-96** **(407) 325-7322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)