

FILE NOW: FILING FEE IS \$61.25

FILED

**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
4. FEI Number 59-3274090
Applied For <input type="checkbox"/> Not Applicable

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

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
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 type="checkbox"/> No	

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: Helen L. Stairs *Helen L. Stairs* 4-19-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STAIRS, HELEN L	
STREET ADDRESS	101 WEST FIRST STREET STE. A	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARTHOLOMEN, KAY	
STREET ADDRESS	179 HERON BAY CIRCLE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, KAREN L.	
STREET ADDRESS	1660 LOCKWOOD RD.	
CITY-ST-ZIP	OVIEDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARRIS, LINDA	
STREET ADDRESS	204 MCVAY DRIVE	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patt Peterson	
1.3 STREET ADDRESS	4975 Fawn Ridge Pl	
1.4 CITY-ST-ZIP	Sanford, FL 32771	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Boothe, Beverly	
2.3 STREET ADDRESS	3358 Whitner Way	
2.4 CITY-ST-ZIP	Sanford, FL 32773	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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: Helen L. Stairs 4/23/98 407-323-732a

CR2E037 (10/97)