


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005348 (7)**

1. Corporation Name

ACTORS REPERTORY THEATRE, INC.



Principal Place of Business	Mailing Address
333 TRESSLER DRIVE SUITE F STUART FL 34994	333 TRESSLER DRIVE SUITE F STUART FL 34994

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 3563 SW Sunset Trace	26	10/26/1994	10/23/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0561658	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Palm City FL	28	<input checked="" type="checkbox"/> 8.75	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing	Trust Fund Contribution <input type="checkbox"/>
24 34990	25 USA	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOPKO, JAMES
2307 SE MONTEREY ROAD
STUART FL 34996**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 Zip Code
	300002286493	-09/08/97--01004--003	FL 85

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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, 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	1.1 TITLE	President
NAME	JONES, PETER E	1.2 NAME	Michael Harrison
STREET ADDRESS	2552 SW RACQUET CLUB DR.	1.3 STREET ADDRESS	3306 SE West Snow Rd
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	Port St Lucie 34984
TITLE	VPD	2.1 TITLE	Vice President
NAME	MCGOORTY, MICHAEL J	2.2 NAME	Peter Jones
STREET ADDRESS	333 TRESSLER DR., STE. F	2.3 STREET ADDRESS	2552 SW Racquet Club Dr
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	Palm City FL 34990
TITLE	STD	3.1 TITLE	Secretary
NAME	SANDRO, MARK D	3.2 NAME	Michael McGoorty
STREET ADDRESS	333 TRESSLER DR., STE. F	3.3 STREET ADDRESS	665 Bayberry Lane
CITY-ST-ZIP	STUART FL 34994	3.4 CITY-ST-ZIP	Jensen Beach FL 34957
TITLE	D	4.1 TITLE	Treasurer
NAME	BINI, JANICE	4.2 NAME	Marc Clark
STREET ADDRESS	10437 MISTY RIDGE DR	4.3 STREET ADDRESS	3563 SW Sunset Trace Cir
CITY-ST-ZIP	CONCORD OH 44077	4.4 CITY-ST-ZIP	Palm City FL 34990
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	Mark Sandro
STREET ADDRESS		5.3 STREET ADDRESS	1848 SW Cameo Blvd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Port St Lucie 34984
TITLE		6.1 TITLE	Director
NAME		6.2 NAME	Judy Wilcox
STREET ADDRESS		6.3 STREET ADDRESS	19785 Castlewood
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jupiter FL 33458

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

SIGNATURE REQUIRED

8/19/97 (SW) 285-5556

CR2E037 (4/97)