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FILED

Apr 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000629 (4)

1. Corporation Name

THEATERIFFIC, INC.



Principal Place of Business

Mailing Address

801 S. YONGE ST.
ORMOND BEACH FL 32174801 S. YONGE ST.
ORMOND BEACH FL 32174-7685

2. Principal Place of Business

21 P.O. BOX 1813

2a. Mailing Address

26 p.o. box 1813

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 FLAGLER BEACH FL 32136

27 FLAGLER BEACH FL 32136

City & State

City & State

23

28

Zip 32136

Country

25 FLAGLER

Zip 32136

Country

30 FLAGLER

3. Date Incorporated or Qualified

02/08/1995

3a. Date of Last Report

04/26/1996

4. FEI Number

58-2166152

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

SHEPPARD, JO
801 S. YONGE ST.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

CAROL BAUER BAILEY

82 Street Address (P.O. Box Number is Not Acceptable)

105 BARRINGTON

83

PALM COAST

84 City

FL

85 Zip Code

32137

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 617.0603, Florida Statutes.

SIGNATURE Carol Bauer Bailey, DS/DT/MD

3/06/97

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME KRONICK, MAXINE
STREET ADDRESS 2042 SOUTH A1A
CITY - ST - ZIP FLAGLER BEACH FL 32136☐ DELETETITLE DS
NAME BAILEY, CAROL B
STREET ADDRESS 105 BARRINGTON DR.
CITY - ST - ZIP PALM COAST FL 32137☐ DELETETITLE DT
NAME SHEPPARD, JO
STREET ADDRESS 801 S. YONGE ST.
CITY - ST - ZIP ORMOND BEACH FL 32174☒ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ Addition3.1 TITLE DT/MD
3.2 NAME BAILEY, CAROL BAUER
3.3 STREET ADDRESS 105 BARRINGTON
3.4 CITY - ST - ZIP PALM COAST FL 32137☒ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

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

CAROL BAUER BAILEY

904-445-1148

3/06/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 6003390

CP2E037 (9/96)