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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90095 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000629			
1. Corporation Name THEATERIFFIC, INC.			
Principal Place of Business PO BOX 1813 FLAGLER BCH FL 32136 US		Mailing Address PO BOX 1813 FLAGLER BCH FL 32136 US	



2. Principal Place of Business 21 P.O. Box 717 Suite, Apt. #, etc. 22 FLAGLER BE City & State 23 FL Zip 24 32136 Country 25 FLAGLER		2a. Mailing Address 26 P.O. Box 717 Suite, Apt. #, etc. 27 FLAGLER BE City & State 28 FL Zip 29 32136 Country 30 FLAGLER		3. Date Incorporated or Qualified 02/08/1995	
		4. FEI Number 58-2166152		Applied For 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	
9. Name and Address of Current Registered Agent BAILEY, CAROL BAUER 105 BARRINGTON PALM COAST FL 32137				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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

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 NAME STREET ADDRESS CITY-ST-ZIP	DP KRONICK, MAXINE 2042 SOUTH A1A FLAGLER BEACH FL 32136 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DC ROCHEFORD, DOROTHY 10 SOUTH BURY CT. PALM COAST, FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BAILEY, CAROL B 105 BARRINGTON DR. PALM COAST FL 32137 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTMD BAILEY, CAROL BAUER 105 BARRINGTON PALM COAST FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MASIAK, TAMMY 28 RYDING LN PALM COAST FL 32164 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D WALKER, NORMAN 35 COTONWOOD CT. PALM COAST, FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAMSEYER, HARRIET 10 CROSSBOW CT PALM COAST FL 32137 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DT PARHAM, ANDREA 19 WINTHROP LN FLAGLER BE, FL 32136 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRALLIER, PATTI 138 WELLSTONE PALM COAST FL 32164 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D BODINE, JOYCE 3 PROSPECT LN PALM COAST, FL 32164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Katherine Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/99 904-445-1148
Date Daytime Phone

CR2E037 (11/98)