

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000134 (4)**

1. Corporation Name

**THEATRICAL ENTERPRISES OF SOUTH FLORIDA, INC.**



Principal Place of Business	Mailing Address
2400 NORTHWEST BOCA RATON BOULEVARD BOCA RATON FL 33432	2400 NORTHWEST BOCA RATON BOULEVARD BOCA RATON FL 33432

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip <b>33431</b> Country	28 Zip <b>33431</b> Country
24	29

3. Date Incorporated or Qualified	01/08/1996
4. FEI Number	65-0639483
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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

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

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	ALTNER, ROBERT
STREET ADDRESS	17552 FIELDBROOK CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	VD <input type="checkbox"/> DELETE
NAME	RUBIN, LEON
STREET ADDRESS	21550 CAVENDISH ROAD
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	D <input type="checkbox"/> DELETE
NAME	LEVENSTEIN, RICHARD
STREET ADDRESS	2400 NW 2ND AVE., #14
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	LAWLOR, DEBBIE
STREET ADDRESS	3465 NW 27 AVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCCORMICK, BRAD
STREET ADDRESS	2400 NW 2ND AVE., #14
CITY-ST-ZIP	BOCA RATON FL
TITLE	ED <input type="checkbox"/> DELETE
NAME	LIBERTY, ANITA
STREET ADDRESS	3101 NE 4 CT
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33431
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1321 S.W. 18 ST
4.4 CITY-ST-ZIP	Boca Raton FL 33486
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	33431
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	2101 NE 4 CT
6.4 CITY-ST-ZIP	33431

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039097

1-7-98(561) 394-0206

CR2E037 (10/97)