

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90108 026 ****61.25

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1. Corporation Name

THEATRICAL ENTERPRISES OF SOUTH FLORIDA, INC.

110243-90108-26

Principal Place of Business

2400 NORTHWEST BOCA RATON BOULEVARD
BOCA RATON FL 33431
US

Mailing Address

2400 NORTHWEST BOCA RATON BOULEVARD
BOCA RATON FL 33431
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

65-0639483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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 ☐ DELETE

TITLE PD
NAME ALTNER, ROBERT
STREET ADDRESS 17552 FIELDBROOK CIRCLE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE VD ☐ DELETE

NAME RUBIN, LEON
STREET ADDRESS 21550 CAVENDISH ROAD
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☒ DELETE

NAME LEVENSTEIN, RICHARD
STREET ADDRESS 2400 NW 2ND AVE., #14
CITY-ST-ZIP BOCA RATON FL 33431

TITLE SD ☐ DELETE

NAME LAWLOR, DEBBIE
STREET ADDRESS 1321 S.W. 18TH ST
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☒ DELETE

NAME MCCORMICK, BRAD
STREET ADDRESS 2400 NW 2ND AVE., #14
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ED ☐ DELETE

NAME LIBERTY, ANITA
STREET ADDRESS 2101 NE 4 CT
CITY-ST-ZIP BOCA RATON FL 33431

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Robert Altner
1.3 STREET ADDRESS (Same)
1.4 CITY-ST-ZIP

2.1 TITLE President ☒ Change ☐ Addition

2.2 NAME Leon Rubin
2.3 STREET ADDRESS 5096-4 Heather Hill Lane
2.4 CITY-ST-ZIP BOCA RATON, FL 33486

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME SUSAN MURRAY
3.3 STREET ADDRESS 2020 NE 27 CT
3.4 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Evelyn Adams
4.3 STREET ADDRESS The Hamlet Country Club FL
4.4 CITY-ST-ZIP 3600 HAMLET DR. Delray Bch, 33445

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME John Scannell
5.3 STREET ADDRESS Boca Raton Chamber of Commerce
5.4 CITY-ST-ZIP 1800 N. Dixie Hwy. Boca Raton, FL 33432

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME VP Debbie Lawlor
6.3 STREET ADDRESS (Same)
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (11/98)