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FILED
Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000808 (3)

1. Corporation Name
STORYBOOK THEATRE, INC.

Principal Place of Business 2226 GLENMOOR ROAD SOUTH CLEARWATER FL 34624- 33764	Mailing Address 2226 GLENMOOR ROAD SOUTH CLEARWATER FL 34624- 33764
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3. Date Incorporated or Qualified 02/15/1996	Applied For Not Applicable
4. FEI Number 59-3365788	

2. Principal Place of Business 21 2226 Glenmoor Rd. So. Suite, Apt. #, etc. 22 Clearwater, FL City & State 23 Clearwater, FL Zip 24 33764	2a. Mailing Address 25 2226 Glenmoor Rd. So. Suite, Apt. #, etc. 26 Clearwater, FL City & State 27 Clearwater, FL Zip 28 33764
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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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BIERCHEN, SYLVIA
2226 GLENMOOR ROAD SOUTH
CLEARWATER FL 34624**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BIERCHEN, SYLVIA	
STREET ADDRESS	2226 GLENMOOR ROAD SOUTH	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BIERCHEN, JOHN M	
STREET ADDRESS	2226 GLENMOOR ROAD SOUTH	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, GREGORY H	
STREET ADDRESS	5520 FIRST AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Christina Bender	
1.3 STREET ADDRESS	1131 FLUSHING AVE.	
1.4 CITY-ST-ZIP	Clearwater, FL 33764	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SYLVIA Bierchen	
2.3 STREET ADDRESS	2226 Glenmoor Rd. South	
2.4 CITY-ST-ZIP	Clearwater, FL 33764	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bierchen, John M	
3.3 STREET ADDRESS	2226 Glenmoor Rd. South	
3.4 CITY-ST-ZIP	Clearwater, FL 33764	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: **Sylvia Bierchen** **Sylvia Bierchen** **7/14/98** **727-536-6250**

CR2E037 (10/97)