

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P08767 (6)

1. Corporation Name  
**NATIONAL CINEMA SUPPLY CORPORATION**



Principal Place of Business <b>4897 WEST WATERS C TAMPA FL 33634 US</b>	Mailing Address <b>4897 WESTWATERS C TAMPA FL 33634 US</b>
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3. Date Incorporated or Qualified <b>01/21/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>08-1007375</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 14499 N. DALE MABRY Suite, Apt. #, etc. 22 SUITE 201 City &amp; State 23 TAMPA, FL Zip 24 33618</b>	2a. Mailing Address <b>26 14499 N. DALE MABRY Suite, Apt. #, etc. 27 SUITE 201 City &amp; State 28 TAMPA, FL Zip 29 33618</b>
Country <b>25 US</b>	Country <b>30 US</b>

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, DANIEL P	
STREET ADDRESS	17 MAIN STREET	
CITY-ST-ZIP	RIDGEFIELD CT	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MILLER, MARY E	
STREET ADDRESS	17 MAIN STREET	
CITY-ST-ZIP	RIDGEFIELD CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAILEY, BARNEY	
STREET ADDRESS	4897A N. WATERS	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WELSH, GARY	
STREET ADDRESS	4897 C. W. WATERS	
CITY-ST-ZIP	TAMPA FL	
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	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BAILEY, BARNEY
3.3 STREET ADDRESS	14499 N. DALE MABRY
3.4 CITY-ST-ZIP	TAMPA, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WELSH, GARY
4.3 STREET ADDRESS	14499 N. DALE MABRY
4.4 CITY-ST-ZIP	TAMPA, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	O'LENIC, WILLIAM
5.3 STREET ADDRESS	14499 N. DALE MABRY
5.4 CITY-ST-ZIP	TAMPA, FL
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  **REQUIRED** 3-12-97 813-962-2772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
0523789

CR2E034 (9/96)