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

Mailing Address

14499 N DALE MABRY

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90029 033 ***150.00

DOCUMENT # P08767

1. Corporation Name

Principal Place of Business

14499 N DALE MABRY

NATIONAL	CINEMA	SUPPLY	CORPOR	atioi
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201 Tampa FL 3361	18	201 Tampa FL 33618		DO NOT WRITE IN THIS SPACE				
US		US		3. Date Incorporated or Qualifed				
					01/21/1986	,,		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For		
a[• • • • • • • • • • • • • • • • • • •	26		<u> </u>	Not	Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	dditional		
.:!	27		5. Certificate of Status Desired	Fee Rec	guired			
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00	May Be		
23		28		Trust Fund Contribution	Added to	Fees		
Zip	Country	Zip Country		8. This corporation owes the current year Intar	ngible			
24 5	25	29 30	9 Personal Property Tax.				□No	
	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
			81	Name				
CT C	CORPORATION SYSTEM		<u></u>				 _	
1200	S. PINE ISLAND ROAD		82	82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324		83						
. • •	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		00	1				
			84	City	- 1	85 Zip C	ode	
			<u>_</u>	<u> </u>	<u> </u>	<u> </u>		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auth	onžed by	the corporation	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	ment as reg	istered	
SIGNATURE								
0.0.0.0.0.0	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re		nt signature require	od when reinstating) DATE			
12.	OFFICERS AN	ID DIRECTORS	13.	··	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD	☐ DELETE	1.1 TITLE	1	DG	Change	Addition	
NAME	MILLER, DANIEL P		1.2 NAME	j į	MILLER, DANIEL P			
STREET ADDRESS	17 MAIN STREET	!	1.3 STREE	T ADDRESS (14499 Ń. DALE MABRY ST	E.201		
CITY-ST-ZIP	RIDGEFIELD CT		1.4 CITY - S		TAMPA, FL 33618			
TITLE	STD	☐ DELETE	2.1 TITLE		STD	Change	Addition	
NAME	MILLER, MARY E		2.2 NAME		MILLER, MARY E			
						p 2Δ1		
STREET ADDRESS					14499 N. DALE MABRY ST	E. 201		
CITY-ST-ZIP	RIDGEFIELD CT		2. 4 CITY-		TAMPA, FL 33618	Change	☐ Addition	
TITLE .	V	☐ DELETE	3.1 TITLE		PD	TAR CHAINS		
NAME	BAILEY, BARNEY	عديب سنوا برينتنجير والا	3.2 NAME		BAILEY, BARNEY		*, 0====	
STREET ADDRESS	14499 N DALE MABRY		3.3 STREE	TADDRESS	14499 N. DALE MABRY ST	E.201		
CITY-ST-ZIP	TAMPA FL		3,4, CITY-1		TAMPA, FL 33618			
TITLE	S	☐ DELETE	4.1 TITLE		S	Change	Addition	
NAME	WELSH, GARY	1	4.2 NAME		-			
STREET ADDRESS	ALLES NE BALE MANDE		4.3 STREE		WELSH, GARY	r 2∩1		
	TAMPA FL		4.4 CITY-S	I	14499 N. DALE MABRY ST	C.ZUI		
CITY-ST-ZIP	V	DOELETE	5.1 TITLE	INDP	TAMPA, FL 33618	Change	Addition	
TITLE	1 -		5.1 THE	1				
NAME	O'LENIC, WILLIAM			TADDOECO				
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	TAMPA FL		5.4 CITY-S	IT-ZIP				
TITLE	- = = = = = = = = = = = = = = = = = =	☐ DELETE	6.1 TITLE	1	•	Change	Addition	
NAME	ı							
NAME			6.2 NAME	ļ				

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an custee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

SIGNATURE:

813) 962-2772