

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12689 (6)

1. Corporation Name

PLITT THEATRES, INC.



Principal Place of Business

Mailing Address

ATTN: TAX DEPT
1303 YONGE STREET
TORONTO ONT CANADA

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1303 YONGE STREET
TORONTO ONT CANADA

3. Date Incorporated or Qualified

12/29/1986

3a. Date of Last Report

03/01/1995

4. FEI Number

36-2794628

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

8. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0802 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 607.0905, Florida Statutes.

SIGNATURE

(Signature typed or printed name of person signing and the title)

(Signature typed or printed name of person signing and the title)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY - ST - ZIP

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31. STREET ADDRESS

32. CITY - ST - ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL HERMAN

FEB 2/96

(416) 323-6600

CR2E034 (12/95)