

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 12:43

DOCUMENT # P39647 (3)

1. Corporation Name  
**SUPER SAVER CINEMA INC.**

Principal Place of Business	Mailing Address
109 NORTH OREGON, SUITE 1000 EL PASO TX 79901	109 NORTH OREGON, SUITE 1000 EL PASO TX 79901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/15/1992</b>	3a. Date of Last Report <b>10/24/1994</b>
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>74-2639823</b>		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

**FL**

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

Signature of Registered Agent (Required for all applications)

Signature of Registered Agent (Required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1. TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURLEY, LLOYD F.</b>	12. NAME	<b>LYNN HUNT</b>
STREET ADDRESS	<b>109 N. OREGON, STE. 1000</b>	13. STREET ADDRESS	<b>109 N. OREGON EL PASO, TX 79901</b>
CITY - ST - ZIP	<b>EL PASO TX</b>	14. CITY - ST - ZIP	
TITLE	<b>V</b>	21. TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKENNA, JAMES</b>	22. NAME	<b>BILL BUSBY</b>
STREET ADDRESS	<b>109 N. OREGON, STE. 1000</b>	23. STREET ADDRESS	<b>109 N. OREGON EL PASO, TX 79901</b>
CITY - ST - ZIP	<b>EL PASO TX</b>	24. CITY - ST - ZIP	
TITLE	<b>S</b>	31. TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEILL, ROBERT G., JR.</b>	32. NAME	<b>ROBERT H. KORMAN</b>
STREET ADDRESS	<b>501 EXECUTIVE CNTR BLVD.</b>	33. STREET ADDRESS	<b>901 MAIN ST. DALLAS, TX 75202</b>
CITY - ST - ZIP	<b>EL PASO TX</b>	34. CITY - ST - ZIP	
TITLE	<b>Y</b>	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALIBHAI, MOVIS</b>	42. NAME	
STREET ADDRESS	<b>109 N. OREGON, STE. 1000</b>	43. STREET ADDRESS	
CITY - ST - ZIP	<b>EL PASO TX</b>	44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an acknowledgment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System Form #