

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P39647 (3)
1. Corporation Name
SUPER SAVER CINEMA INC.



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

3. Date Incorporated or Qualified: **07/15/1992**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **74-2639823**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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
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 607.0509 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: _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D HUNT, LYNN	<input type="checkbox"/>
NAME	109 N. OREGON	
STREET ADDRESS	EL PASO TX	
CITY - ST - ZIP		
TITLE	D BUSBY, BILL	<input type="checkbox"/>
NAME	109 N. OREGON	
STREET ADDRESS	EL PASO TX	
CITY - ST - ZIP		
TITLE	D KORMAN, ROBERT H.	<input type="checkbox"/>
NAME	901 MAIN ST.	
STREET ADDRESS	DALLAS TX	
CITY - ST - ZIP		
TITLE	T ALIBHAI, MOVIS	<input checked="" type="checkbox"/>
NAME	109 N. OREGON, STE. 1000	
STREET ADDRESS	EL PASO TX	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	CURLEY, LLOYD F.		
13 STREET ADDRESS	109 N. OREGON STE.# 1000		
14 CITY - ST - ZIP	EL PASO, TX 79901		
21 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	NEILL, ROBERT G. JR.		
23 STREET ADDRESS	501 EXECUTIVE CNTR. STE.# 100		
24 CITY - ST - ZIP	EL PASO, TX 79912		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
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)(k), 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: _____ **LLOYD F. CURLEY 7-31-96 915 532-1943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)