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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000019985 (5)

FLORIDA CINEMA CORPORATION

FILED May 07 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				a spouldith aim faral namer mater masti ditter ditter tribed cassa insiti filles ditte sati	
	RY HILL COURT		POST OFFICE BOX 1056				
REISTERTOWN MD 21136		REISTERTOWN MD 21136				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						02/25/1997	
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				59 - 343 0240 Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional	
22		27				Fee Required	
City & State		City & State				Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip		intry		8. This corporation owes or has paid the current year Intangible	
24	25 9. Name and Address of Current	Registered Agent	30	1		Personal Property Tax due June 30. X Yes	
\AC		Tropistered Agent		61	Name	10. Halile and Address of New Hogisterod Agent	
VIRGADAMO, MICHAEL J ONE HARBOUR PLACE							
				82 Street Addr		Address (P.O. Box Number is Not Acceptable)	
SUITE 500 TAMPA FL 33602				83			
ın	MITA FE 33002						
				84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Stat	lutes, the a	pove	-named c		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida, Such change wa tions of Section 607 0505	s authorize Elorida Stal	d by	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
•	migration with the control of the control	tions of, occurring our loads,	i iorida ota	(iiiioo			
SIGNATURE	Signature, typical or printed more, of relystered agen-	d and title it approable (N	OH : Registero	d Ager	nt signature re	required when reinstating) DATE	
12.	OFFICERS AND		13.		- \	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0	☐ DELETE	1.1 Ti	1LE		P/D	
NAME	ANDERSON, J. WAYNE		1 2 N	AME		•	
STREET ADDRESS	2751 STONE ROAD		1.3 \$1	TREET	address		
CITY-ST-ZIP	WESTMINSTER MD 21158			17-SI	- ZIP		
TITLE	D	DELETE	211			✓ Change	
NAME	COHEN, IRWIN R		22 N			r	
STREET ADDRESS	231 W. CHERRY HILL COURT		ſ		ADDRESS	•	
CITY-ST-ZIP TITLE	REISTERTOWN MD 21136	DELETE		IIY-S	1-ZIP	T/S/D Change Addition	
1	PHILLIPS, DAVID G	[] OLLLIE	3.1 11			1/3/D Mainge D Addition	
NAME OTREET ADDRESS	2500 APACHE CIRCLE		3 2 N/		*DDULOS		
STREET ADDRESS	BALTIMORE MD 21209				ADDRESS		
CITY-ST-ZIP	PARTITION IN THE Z 1209	DELETE	4.1 TI	TLF	1 - 2.11"	Change Addition	
NAME		and second	4.2 N			Comingo Control	
STREET ADDRESS			2		ADDRESS		
CITY-ST-ZIP				IY-ST			
TITLE		DELETE	5.1 TI			Change Addition	
NAME		—	5.2 N/			_ · · · ·	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				ITY-ST			
TITLE		DELETE	611		-	Change Addition	
NAME			6.2 N/		ſ	-	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				ITY - ST			

Thereby 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 informatio 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 tostee 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 on an attachment with an address.