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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000050408**1. Corporation Name

SPRINGS THEATRE, INC.

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90101 009 ***150.00

Principal Place	e of Business	Mailing Address				
8029 N NEBRASKA AVE		8029 N NEBRASKA AVE				
TAMPA FL 33604		TAMPA FL 33604 .		•	DO NOT WRITE IN THIS SPACE	
US US					3. Date Incorporated or Qualifed	
					· ·	1
		1 2 22 11		<u>.</u> .	06/09/1997 4. FEI Number	Applied For
2. Principal Pl	lace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	Not Applicable
21		26			30 0 10 171 0	Additional
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		E Cardifacto of Chatter Desired	Required
City & State		City & State	City & State			0 May Be
City & State		⊢ '				d to Fees
Zip Country		28 7in	Zip Country		This corporation owes the current year Intangible	
Zip		29 30			Personal Property Tax.	□No
24	9. Name and Address of Curren		30	1	10. Name and Address of New Registered Agent	
	3. Iddiis and Addiess of Cullen	r tredistores whorse		81 Name	<u> </u>	
STEE	PHAN, PATRICIA A					
8029 N NERASKA AVE				82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	PA FL 33604			83		
174111	77.72.0007				· · · · · · · · · · · · · · · · · · ·	
				84 City	FL 85 Z	p Code
		0 CO7 1500 Florido S	Statutos the s	hove-named com	eration submits this statement for the numose of changing	its registered
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, any accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I am familiar with, any accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	flittudes	<u> </u>	fut	Agent signature require	d when reinstation) DATE	/77
	Signature, typed or printed name of registered ager	ID DIRECTORS	(NOTE: Registere	Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12
12.	P	DELET		TLE I	☐ Chanç	
TITLE	•			AME		
				TREET ADDRESS		
NAME	STEPHAN, JOHN R		1111			
STREET ADDRESS	8029 N NEBRASKA AVE			TTV CT 710		
STREET ADDRESS CITY-ST-ZIP	8029 N NEBRASKA AVE TAMPA FL 33604	□ DELET	1.4 0	TTY-ST-ZIP	☐ Chan	e Addition
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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 informatic 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an an attachment with a pladdress, with all other like empowered.

SIGNATURE: