

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S20256 (1)
1. Corporation Name
COSTUME WORLD THEATRICAL CENTER, INC.



Principal Place of Business	Mailing Address
2200 N.W. 32ND STREET SUITE 1300 POMPANO BEACH FL 33069	2200 N.W. 32ND STREET SUITE 1300 POMPANO BEACH FL 33069

3. Date Incorporated or Qualified 12/19/1990		3a. Date of Last Report 08/08/1995	
4. FEI Number 65-0232987		<input type="checkbox"/>	Applied For
		<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WICK, MARILYNN A
2200 N.W. 32ND STREET
SUITE, 1300
POMPANO BEACH FL 33069

81	Name	SAME	
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 607.1505, 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 MARILYNN A. WICK

0505, Florida Statutes.
m. a. Wick
10-20-84 (NFI) Registered Agent Signature

APRIL 29, 1996

Signature, typed or printed name of registered agent and third applicable

(NOTE: Registered Agent Sign in response to an responding

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	WICK, MARILYNN A	
STREET ADDRESS	2200 N.W. 32ND STREET - SUITE 1300	
CITY - ST - ZIP	POMPANO BEACH FL 33069	

1.1 TITLE	SAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			

TITLE	<input type="checkbox"/> TELETYPE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

2 1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2 2 NAME	KIMBERLY WICK		
2 3 STREET ADDRESS	2200 N.W. 32ND ST. - SUITE 1300		
2 4 CITY - ST - ZIP	POMPANO BEACH, FL 33069		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME VICE-PRESIDENT
KELLY WICK
3.3 STREET ADDRESS 2200 NW 32ND ST - SUITE 1300
3.4 CITY - ST - ZIP BOMBAY BEACH FL 33060

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. A. Wick MARILYNN A. WICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29, 1996

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CR2E034 (12/95)