

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S25518** (9)

1. Corporation Name
CORAL SPRINGS MOVIE CENTER, INC.

Principal Place of Business Mailing Address
2556 UNIVERSITY DRIVE **2556 UNIVERSITY DRIVE**
CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/17/1991** 3a. Date of Last Report **03/22/1994**
4. FEI Number **65-0235180** Applied For
Not Applicable
5. Certificate of Status Deared **\$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 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

O'BRIEN, THOMAS
2556 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

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 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	O'BRIEN, THOMAS
STREET ADDRESS	2556 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPGS FL
TITLE	V
NAME	SCHACHTER, SAM
STREET ADDRESS	2556 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPGS FL
TITLE	S
NAME	O'BRIEN, LARRY
STREET ADDRESS	2556 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPGS FL
TITLE	T
NAME	O'BRIEN, ROBERT
STREET ADDRESS	2556 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. STREET ADDRESS	
17. CITY-ST-ZIP	
18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	
20. STREET ADDRESS	
21. CITY-ST-ZIP	
22. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME	
24. STREET ADDRESS	
25. CITY-ST-ZIP	
26. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME	
28. STREET ADDRESS	
29. CITY-ST-ZIP	
30. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. NAME	
32. STREET ADDRESS	
33. CITY-ST-ZIP	
34. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35. NAME	
36. STREET ADDRESS	
37. CITY-ST-ZIP	
38. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
39. NAME	
40. STREET ADDRESS	
41. 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 199.032(4)(b), 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 as an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-95 305-753-0170