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PROFIT CORPORATION ANNUAL REPORT

1998



LEORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

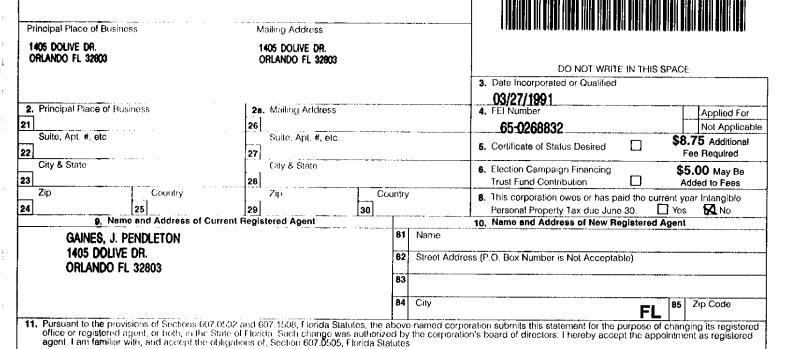
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TOTAL G & C THEATRES, INC.

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May 28 1998 8:00an	1
Secretary of State	



SIGNATURE Signature, typical or produce council of replaced assessment and title of applicable (NOTE: Registered Agent signature required whom reinstating) 12. OLLICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE PD 1.1 TITLE Change ☐ Addition **GAINES, J. PENDLETON** NAME 12 NAME 1405 DOLIVE DR. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-7/P 1.4 CITY - ST - ZIP TITLE STD DELETE 2.1 TITLE Change Addition GAINES, STELLA D. NAME 2.2 NAME 1405 DOLIVE DR. STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP 2 4 CHY - \$1 - ZIP TITLE DELETE 3.1 117(F Change Addition NAME POPE. PAMELA 3.2 NAME 4237 WINDERLAKE DR. STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32805 CITY-ST-ZIP 3.4. CHY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$T-ZIP 4.4 CHIY - SI - 21P DELETE TITLE ☐ Change 5.1 TITLE ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- ST- ZIP DELETE TITLE 6.1 TILLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stalled in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental amount report is true and accurate and that my signature shall have the same legal offect 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 application with any oddress.

6.4 CITY - S1 - 7/P