

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

APPROVED AND FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathart
Secretary of State
CORPORATION

DOCUMENT # **V04171** (7)

SHOWSTOPPER MOVIE CLUB, INC.

Principal Place of Business	Mailin Address
3200 PALM BEACH BLVD FT MYERS FL 33916	3200 PALM BEACH BLVD FT MYERS FL 33916

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

Insert WHITE in THIS SPACE

3. Filing Date of Report	3a. Date of Last Report
01/02/1992	05/01/1994
4. FEI Number	Applied For / Not Applicable
65-0358077	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
B. 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			
CLINE, DAVID F. 3200 PALM BEACH BLVD FT MYERS FL 33916				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 607.050, 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 of Registered Agent) _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1/2	
NAME	PST CLINE, DAVID F. 1450 PARK SHORE CIR FT MYERS FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	
STATE	D	4. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		5. ZIP CODE	
NAME	CLINE, DAVID F. 1450 PARK SHORE CIR FT MYERS FL	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. STREET ADDRESS	
CITY		8. CITY	
STATE		9. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		10. ZIP CODE	
NAME		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		12. STREET ADDRESS	
CITY		13. CITY	
STATE		14. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		15. ZIP CODE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the purposes stated in the first 11 paragraphs of Florida Statutes. I further certify that the information is not false or misleading, and that the undersigned is not a director or officer of the corporation. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that the name appears in Block 13 of this report only as an additional change to an address.

SIGNATURE: *David Cline* X5/1/95 X337-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR