FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V04171** **(7)**

1. Corporate Name
SHOWSTOPPER MOVIE CLUB, INC.

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

Mailing Address
3200 PALM BEACH BLVD
FT MYERS FL 33916

Do Not Write in This SPACE

3. Date Incorporated / Qualified: 01/02/1992
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business
26 2a. Mailing Address

4. FEI Number: 65-0358077 ☐ Applied For ☐ Not Applicable

22 Suite, Apt. # or
27 Suite, Apt. # or

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23 City & State
28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 25 29 30

8. This corporation has elected to participate under S. 119.052, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CLINE, DAVID F.
3200 PALM BEACH BLVD
FT MYERS FL 33916

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 Section 607.0505, 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

12. OFFICER AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)	
TITLE	PST	TITLE	☐ Change ☐ Addition
NAME	CLINE, DAVID F.	NAME	
STREET ADDRESS	1450 PARK SHORE CIR	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	CLINE, DAVID F.	NAME	
STREET ADDRESS	1450 PARK SHORE CIR	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is true, accurate, complete and that I am duly qualified to file this report pursuant to Section 607.1622, Florida Statutes. I further certify that each officer or director of the corporation or the person causing the preparation of this report is required by Chapter 607, Florida Statutes, and that no further officers or directors have been elected or appointed with my knowledge.

SIGNATURE: X David Cline 5/1/95 X337-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Q33302B CP