

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 729438 (2)
1. Corporation Name
SOUTHERN BALLET THEATRE, INC.

APPROVED
AND
FILED

96 SEP -3 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1111 N. ORANGE AVE.
ORLANDO FL 32804-6407

Mailing Address
1111 N. ORANGE AVE.
ORLANDO FL 32804-6407

3. Date Incorporated or Qualified
04/12/1974

3a. Date of Last Report
08/14/1995

4. FEI Number
23-7427817

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

JACOBSON, NANCY C
1111 N ORANGE AVE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	EISENBERG, HARRY	451 N. MAITLAND AVE.	MAITLAND FL 32751	<input checked="" type="checkbox"/>
PE	JACOBSON, NANCY	1730 REPPARD ROAD	ORLANDO FL 32803	<input type="checkbox"/>
SE	SANGIOVANNI, PAUL	940 HIGHLAND AVE.	ORLANDO FL 32803	<input checked="" type="checkbox"/>
TD	WOLF, JULIE	P.O. BOX 8750 NA	WINTER PARK FL 32790	<input type="checkbox"/>
T	KOON, JILL	390 N ORANGE AVE, STE 1900	ORLANDO FL	<input checked="" type="checkbox"/>
P	HUTCHESON, JIM	275 S. WEW YORK AVE.	WINTER PARK FL	<input checked="" type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President	Louis M. Supowitz	490 E. South St.	Orlando, FL. 32802	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	Mary Ruth Houston	20 N. Orange Av., Suite 1000	Orlando, FL. 32801	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Paul L. SanGiovanni	20 N. Orange Av., Suite 1400	Orlando, FL. 32801	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	John T. Lehr, M.D.	55 West Miller St.	Orlando, FL. 32806	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004279

CR2E037 (3/96)