FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 25 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747612 (0)

1. Corporation Name
FLORIDA SYMPHONIC POPS, INC.

Principal Place of Business	Mailing Address
100 N.E. FIRST AVENUE BOCA RATON FL 33432	100 N.E. FIRST AVENUE BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1979
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1910069 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SIMMONS, CAROL R.
100 N.E. FIRST AVENUE
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Daniel R. Mitziga
82 Street Address (P.O. Box Number is Not Acceptable): 100 N.E. First Avenue
83:
84 City: Boca Raton **FL** 85 Zip Code: 33432

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: Daniel R. Mitziga — 4-21-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, JANE	1.2 NAME		
STREET ADDRESS	510 ALEXANDER PALM RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	SIMMONS, CAROL	2.2 NAME	Mitziga, Daniel R.	
STREET ADDRESS	755 NE 32ST STREET	2.3 STREET ADDRESS	800 E. Jeffrey St. Apt. 301	
CITY-ST-ZIP	BOCA RATON, FL 0	2.4 CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	VD	3.1 TITLE	V	☒ Change ☐ Addition
NAME	ROSS, GEORGE	3.2 NAME	McKay, Petra	
STREET ADDRESS	6841 SPRING BOTTOM WAY	3.3 STREET ADDRESS	550 SW 9th Ave.	
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	C	4.1 TITLE	CD	☒ Change ☐ Addition
NAME	SIMMONS, RICHARD E	4.2 NAME	Winke, Clement C., Jr.	
STREET ADDRESS	755 N.E. 32ND ST.	4.3 STREET ADDRESS	21198 Hamlin Drive	
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	ELMORE, WILMA	5.2 NAME	Hille, Stanley	
STREET ADDRESS	6001 LELAC RD	5.3 STREET ADDRESS	1498 SW 16th Street	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 119.07(3)(i), 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: Daniel R. Mitziga — 4/21/95 — 407-391-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #