

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 12 1998 8:00am
 Secretary of State



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

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1998

DOCUMENT # 759582 (0)
 1. Corporation Name
 ARTS ON THE PARK, INC.



Principal Place of Business Mailing Address
 115 N KENTUCKY AVE. 115 N KENTUCKY AVE.
 LAKELAND FL 33801 LAKELAND FL 33801

3. Date Incorporated or Qualified
 08/12/1981
 4. FEI Number Applied For
 59-2005115 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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
 ALEXANDER, LO
 1711 W. BELLGROVE ST. DELETE
 LAKELAND FL 33805

10. Name and Address of New Registered Agent
 81 Name VICTOR M. Prebor III
 82 Street Address (P.O. Box Number is Not Acceptable)
 1108 Barton Rd Unit I-106
 83
 84 City LAKELAND FL 85 Zip Code 33801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHARLOTT, J. M	
STREET ADDRESS	7 LOMA LINDA	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHMIDT, ERIKA L	
STREET ADDRESS	307 PUEBLO TRAIL	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, LO	
STREET ADDRESS	1711 W. BELLGROVE	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHMIDT, GARY	
STREET ADDRESS	307 PUEBLO TRAIL	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, LO	
STREET ADDRESS	1711 W BELLGROVE ST	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LYTCH, WILLIAM	
STREET ADDRESS	3742 DOVEHOLLOW DR	
CITY-ST-ZIP	LAKELAND FL 33813	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VICTOR M. PREBOR III	
1.3 STREET ADDRESS	1108 BARTON RD UNIT I-106	
1.4 CITY-ST-ZIP	LAKELAND, FL 33801	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NANCY ADAMS	
2.3 STREET ADDRESS	13 LAKE ARROWHEAD DR.	
2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT PHILIPS	
3.3 STREET ADDRESS	301 E BELMAR	
3.4 CITY-ST-ZIP	LAKELAND, FL 33803	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	META KRYGER	
4.3 STREET ADDRESS	999 LAKE HOLLINGSWORTH DR	
4.4 CITY-ST-ZIP	LAKELAND, FL 33803	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Victor M. Prebor III Date: 7-30-98 Daytime Phone #: 941-682-1882

CR2E037 (5/98)