

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:13

DOCUMENT # 763790 (3)
1. Corporation Name
THE RAYMOND F. KRAVIS CENTER FOR THE PERFORMING ARTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
701 OKEECHOBEE BLVD. 701 OKEECHOBEE BLVD.
W PALM BEACH FL 33401 W PALM BEACH FL 33401

3. Date Incorporated or Qualified 07/27/1982 3a. Date of Last Report 01/25/1994
4. FEI Number 59-2245054 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. Suite, Apt #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MOYLE, JON
625 NORTH FLAGLER DR.
WEST PALM BEACH FL 33401

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 Sections 607.0502 and 607.1608, 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.

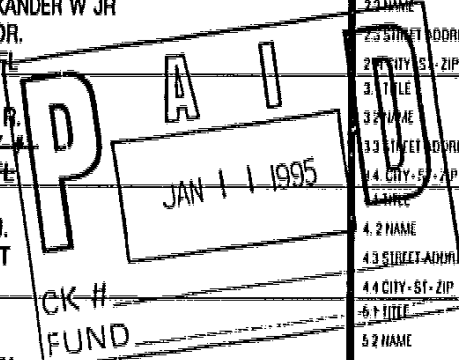
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	VCD
NAME	MONTGOMERY, ROBERT M JR
STREET ADDRESS	1016 CLEARWATER PLACE
CITY-ST-ZIP	W PALM BEACH FL
TITLE	CD
NAME	DREYFOOS, ALEXANDER W JR
STREET ADDRESS	1100 FAIRFIELD DR.
CITY-ST-ZIP	W PALM BEACH FL
TITLE	VCD
NAME	GINN, SHANNON R.
STREET ADDRESS	701 US HIGHWAY
CITY-ST-ZIP	N PALM BEACH FL
TITLE	D
NAME	BROGAN, JOHN J.
STREET ADDRESS	218 N CARMEL CT
CITY-ST-ZIP	VERO BCH FL
TITLE	D
NAME	DAVIS, LEONARD
STREET ADDRESS	120 CASA BENDITA
CITY-ST-ZIP	PALM BEACH FL
TITLE	TD
NAME	BANK, MERRILL L.
STREET ADDRESS	200 BRADLEY PLACE, #305
CITY-ST-ZIP	PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3600 Investment Lane
3.4 CITY-ST-ZIP	West Palm Beach FL 33414
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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)(b), 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: _____ DATE: 1/14/95 (407) 832 2373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT TO CORPORATION ANNUAL REPORT - 1995

Item #12 - Officers & Directors (continued):

Assoc T/D
Puder, Robert S.
184 Bradley Place
Palm Beach, FL 33480

S/D
Judith Goodman
1100 Fairfield Drive
West Palm Beach, FL 33407