


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14767 (0)
1. Corporation Name
GUILD FOR INTERNATIONAL PIANO COMPETITIONS, INCO RPORATED



Principal Place of Business 313 CRANESNEST WAY WEST PALM BEACH FL 33401	Mailing Address 313 CRANESNEST WAY WEST PALM BEACH FL 33401
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3. Date Incorporated or Qualified
05/12/1986

4. FEI Number 59-2670372	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Same as above	2a. Mailing Address 26 Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

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

9. Name and Address of Current Registered Agent
**FINLEY, CHANDLER
1845 PALM BEACH LAKES #300
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
85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, JOHN	1.2 NAME	D
STREET ADDRESS	313 CRANESREST WAY	1.3 STREET ADDRESS	Marshall Owen Isaacson
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	20755 Eagle Creek Court
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	Boca Raton 33498-6809 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCENALES, EDUARDO	2.2 NAME	D
STREET ADDRESS	209 AVILA RD	2.3 STREET ADDRESS	Kathleen McGowan
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	605 Universe Blvd # T414
TITLE	MEM D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, ALVA G	3.2 NAME	Susan Morrirt
STREET ADDRESS	44 COCOANUT ROW	3.3 STREET ADDRESS	227 8 Street
CITY-ST-ZIP	PALM BCH FL	3.4 CITY-ST-ZIP	West Palm Beach 33401-3701
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, MARION	4.2 NAME	D
STREET ADDRESS	4090 GEM LAKE DRIVE	4.3 STREET ADDRESS	Marjorie Stoll
CITY-ST-ZIP	GLEN RIDGE FL 33406-3254	4.4 CITY-ST-ZIP	110 Sunset Ave
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mercedes Travis	5.2 NAME	D
STREET ADDRESS	219 Chilean Avenue # B	5.3 STREET ADDRESS	Imogene T. Owen
CITY-ST-ZIP	Palm Beach 33480-4248	5.4 CITY-ST-ZIP	19114 Glenmoor Dr.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: _____ (541) 833-8817

CRE037 (10/97)