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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

100584 - 90032 - 42

DOCUMENT # N19103

1. Corporation Name
SYMPHONY OF THE AMERICAS, INC.

Principal Place of Business	Mailing Address
3300 N FEDERAL HWY #214 FT. LAUDERDALE FL 33306	3300 N FEDERAL HWY #214 FT. LAUDERDALE FL 33306

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/05/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0157441 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KEISER, JUDITH E
ENGLISH MCCAUGHAN & O'BRYAN
100 N.E. 3RD AVE.
FT. LAUDERDALE FL 33301

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 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	☐ DELETE	1.1 TITLE	COO/D	XX ☐ Change ☐ Addition
NAME	CAPSER, STEVEN		1.2 NAME	Judy Keiser	
STREET ADDRESS	34 S. FEDERAL HWY		1.3 STREET ADDRESS	English McCaughan &O'Bryan	33301
CITY-ST-ZIP	DANIA FL		1.4 CITY-ST-ZIP	100 N. Andrews Avenue Ft. Lauderdale	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LABONTE, RENEE		2.2 NAME		
STREET ADDRESS	51 CAYUGA RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KAUFMAN, MARION		3.2 NAME		
STREET ADDRESS	561 BAYSHORE DR., #6		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	Treasurer/Director	XX ☐ Change ☐ Addition
NAME	BUDD, BRIAN		4.2 NAME	Renee Quinn	
STREET ADDRESS	626 N.E. 17TH WAY, #A		4.3 STREET ADDRESS	Comerica Bank 100 N. Andrews Avenue	
CITY-ST-ZIP	FORT LAUDERDALE FL		4.4 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33301	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Renee LaBonte SIGN HERE REQUIRED Renee LaBonte, Exec. Dir. (954) 561 - 5882 January 4, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #