


**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90019 040 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N28437**

1. Corporation Name  
**CHILDREN'S BALLET THEATER, INC.**

Principal Place of Business P.O. BOX 14632 N PALM BCH FL 33408 US	Mailing Address P.O. BOX 14632 N PALM BCH FL 33408 US
--	--

\* 3 6 383821 - 90189 - 40 1 \*



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/20/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0072072
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		16. Name and Address of New Registered Agent	
DESANTIS, CONRAD J 1125 COUNTRY CLUB DR N PALM BCH FL 33408		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	1.1 TITLE	PRESIDENT (PD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON-ZUBER, DEDE	1.2 NAME	ROBERTA JORNEY
STREET ADDRESS	10785 PASO FINO DR	1.3 STREET ADDRESS	906 CYPRESS HOLLOW DR
CITY-ST-ZIP	LAKE WORTH FL 33487	1.4 CITY-ST-ZIP	PALM BCH GARDENS FL 33418
TITLE	DT	2.1 TITLE	TREASURER (DT) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICOCCO, JODI	2.2 NAME	FORREST JORNEY
STREET ADDRESS	135 CAPE POINTE CIRCLE	2.3 STREET ADDRESS	906 CYPRESS HOLLOW DR
CITY-ST-ZIP	JUPITER FL 33477	2.4 CITY-ST-ZIP	PALM BCH GARDENS FL 33418
TITLE	DS	3.1 TITLE	SECRETARY (DS) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, HORTENSIA	3.2 NAME	ROBBINS, HORTENSIA
STREET ADDRESS	6334 FOSTER ST	3.3 STREET ADDRESS	6334 FOSTER ST
CITY-ST-ZIP	JUPITER FL 33418	3.4 CITY-ST-ZIP	JUPITER FL 33418
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 4-2-99 561-630-6361  
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR SUCCESSOR Date Daytime Phone #

CR2E037 (11/98)