

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000002279 (7)

1. Corporation Name
TREASURE COAST JAZZ ENSEMBLE, INC.



300001848933
-06/04/96--01009--020
***61.25

Principal Place of Business: P O BOX 2105, STUART FL 34995, US
Mailing Address: P O BOX 2105, STUART FL 34995, US

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report: 04/07/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 65-0495332
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: SCOTT, CHARLES, 4115 SE CENTERBOARD LANE, STUART FL 34997
10. Name and Address of New Registered Agent: DE CASTRO, RAYMOND, 411 N.E. TOWN TERRACE, JENSEN BEACH FL 34957

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 officer 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: RAYMOND DE CASTRO
DATE: 4-15-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	P
NAME	NICKERSON, JOHN	1.2 NAME	NICKERSON, JOHN
STREET ADDRESS	919 NE JHIPER PLACE	1.3 STREET ADDRESS	919 N.E. JUNIPER PL.
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957
TITLE	VS	2.1 TITLE	V
NAME	SCOTT, CHARLES	2.2 NAME	GROOM, ROBERT
STREET ADDRESS	4115 SE CENTERBOARD LAN	2.3 STREET ADDRESS	1182 SW PELICAN CRESENT
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	PALM CITY FL. 34990
TITLE	D	3.1 TITLE	T
NAME	MAYS, EARLE	3.2 NAME	SCOTT, CHARLES
STREET ADDRESS	1500 NE 13TH TERRACE	3.3 STREET ADDRESS	4115 SE CENTERBOARD LN.
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP	STUART, FL. 34997
TITLE	T	4.1 TITLE	S
NAME	NICKERSON, JOHN	4.2 NAME	DE CASTRO RAYMOND
STREET ADDRESS	919 NE JUNIPER PLACE	4.3 STREET ADDRESS	411 N.E. TOWN TERRACE
CITY-ST-ZIP	JENSEN BEACH FL 34957	4.4 CITY-ST-ZIP	JENSEN BEACH FL. 34957
TITLE		5.1 TITLE	D
NAME		5.2 NAME	MCGRATH, BUDDY
STREET ADDRESS		5.3 STREET ADDRESS	4551 COTTONWOOD TERRACE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	STUART FL. 34997
TITLE		6.1 TITLE	D
NAME		6.2 NAME	MACK, JAYRENE
STREET ADDRESS		6.3 STREET ADDRESS	4300 S.E. ST. LUCIE BLVD.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	STUART FL. 34997

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)(k), 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: JOHN B. NICKERSON
DATE: 4-16-96
DAY/TIME PHONE #: 407-334-1599

CR2E037 (12/95)