

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 # 700826 (1)
1. Corporation Name
OPERA GUILD, INC. OF FORT LAUDERDALE



Principal Place of Business Mailing Address
JOSEPHINE S. LEISER OPERA CENTER
221 SOUTHWEST THIRD AVENUE
FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified **04/18/1960** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-0906317** 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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 Zip 26 Country
27 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES
2 SOUTH BISCAYNE BLVD.
STE 3400
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODO, NORMAN F	1.2 NAME	
STREET ADDRESS	1740 SABAL PALM DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIENES, MICHAEL	2.2 NAME	
STREET ADDRESS	141 BAY COLONY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HVIDE, HANS	3.2 NAME	
STREET ADDRESS	2550 DEL LAGO DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIN, STEVEN D	4.2 NAME	FREDA GIMMEL
STREET ADDRESS	700 SE 14TH APT J	4.3 STREET ADDRESS	1200 CORAL WAY
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	MIAMI, FL 33145
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMUS, MRS PAT	5.2 NAME	
STREET ADDRESS	5141 NE 30TH TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNETT, BONNIE MRS.	6.2 NAME	CARSON, WAYNE
STREET ADDRESS	221 SOUTHWEST THIRD AVENUE	6.3 STREET ADDRESS	1100 EAST LAS OLAS BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

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: *Freda Gimmael* **FREDA GIMMEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96
Date

305 854-1643
Daytime Phone #

CR2E037 (12/95)