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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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

JOSEPHINE S. LEISER OPERA CENTER
221 SOUTHWEST THIRD AVENUE
FT. LAUDERDALE FL 33312

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/18/1960

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

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
CODO, NORMAN F
1740 SABAL PALM DR
BOCA RATON FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
BIENES, MICHAEL
141 BAY COLONY DR
FT LAUDERDALE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
HVIDE, HANS
2550 DEL LAGO DR
FT LAUDERDALE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
HELMUS, MRS PAT
5141 NE 30TH TERR
LIGHTHOUSE PT FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD
CARSON, WAYNE
1100 EAST LAS OLAS BLVD
FT. LAUDERDALE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

P
STEVE LEWIN
450 EAST LAS OLAS BLVD. SUITE 1000
FORT LAUDERDALE FL 33301

3D
HARRIET LEACH
4211 NE 25 AV.
FORT LAUDERDALE FL 33308

CD
ROGER HINKLEY
111 POMPANO BEACH BLVD.
POMPANO BEACH FL 33062

M
ROBERT M. HEUER
1200 CORAL WAY
MIAMI FL 33145

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 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:

[Signature] REQUIRED

4/8/98

305-854-1643

CR2E037 (10/97)