

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:54

**DOCUMENT # 701583 (7)**  
1. Corporation Name  
**SOUTH FLORIDA ART INSTITUTE OF HOLLYWOOD, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**35 SW 1ST AVENUE DANIA FL 33004** **35 SW 1ST AVENUE DANIA FL 33004**

3. Date Incorporated or Qualified **10/22/1960** 3a. Date of Last Report **03/04/1994**  
4. FEI Number **59-0833294** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip 30 Country

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PORTER, ELWIN G.  
2937 WEST MISSIONWOOD CIRCLE  
MIRAMAR FL 33023**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN, ISABELLE</b>	1.2 NAME	
STREET ADDRESS	<b>3400 NOTRH HILLS DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLMAN, LYN</b>	2.2 NAME	
STREET ADDRESS	<b>20435 NE 10TH PLACE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH MIAMI FL 33179</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PASCO, ANITA</b>	3.2 NAME	
STREET ADDRESS	<b>3810 N 48TH AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALEY, JUDY</b>	4.2 NAME	
STREET ADDRESS	<b>5333 COLLINS AVE.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORTER, ELWIN G.</b>	5.2 NAME	
STREET ADDRESS	<b>2937 W. MISSIONWOOD CIR.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIRAMAR FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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: ELWIN G. PORTER Elwin G. Porter 4/10/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)