

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90197 002 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701583

1. Corporation Name
SOUTH FLORIDA ART INSTITUTE OF HOLLYWOOD, INC.

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

Mailing Address
**35 SW 1ST AVENUE
 DANIA FL 33004**

* 2 7 22236 - 90108 - 21 8 *



2. Principal Place of Business 21 233 N. Federal Hwy., Suite, Apt. #, etc. 22 Suite #45 City & State 23 Dania, Fla. Zip 24 33004	2a. Mailing Address 26 233 N. Federal Hwy., Suite, Apt. #, etc. 27 Suite #45 City & State 28 Dania, Fla. Zip 29 33004	3. Date Incorporated or Qualified 10/22/1960	4. FEI Number 59-0833294 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent PORTER, ELWIN G. 9718 NW 23RD CT PEMBROKE PINES FL 33026	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
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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	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEIN, ISABELLE		1.2 NAME Stein, Isabelle	
STREET ADDRESS 3400 NOTRH HILLS DRIVE		1.3 STREET ADDRESS 3400 Notrh hills Drive	
CITY-ST-ZIP HOLLYWOOD FL		1.4 CITY-ST-ZIP Hollywood, Fla.	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ELLMAN, LYN		2.2 NAME Jo-Ann Sanders	
STREET ADDRESS 20435 NE 10TH PLACE		2.3 STREET ADDRESS 5471 N.E. 21 Terrace	
CITY-ST-ZIP NORTH MIAMI FL 33179		2.4 CITY-ST-ZIP Ft. Lauderdale, Fla. 33308	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PASCO, ANITA		3.2 NAME Lois Ostrov	
STREET ADDRESS 3810 N 46TH AVENUE		3.3 STREET ADDRESS 10140 W. Bay Harbor Dr. #501	
CITY-ST-ZIP HOLLYWOOD FL		3.4 CITY-ST-ZIP Bay Harbor Islands, Fla. 33154	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PALEY, JUDY		4.2 NAME	
STREET ADDRESS 5333 COLLINS AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PORTER, ELWIN G.		5.2 NAME	
STREET ADDRESS 2937 W. MISSIONWOOD CIR.		5.3 STREET ADDRESS	
CITY-ST-ZIP MIRAMAR FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elwin Porter 2/6/99 954-920-2961
Date Daytime Phone #

CR2E037 (1/98)