

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707664** (9)
1. Corporation Name*

THE FLORIDA PHILHARMONIC ORCHESTRA, INC.



Principal Place of Business 3401 NORTHWEST 9TH AVE. FT. LAUDERDALE FL 33309-5903	Mailing Address 3401 NORTHWEST 9TH AVE. FT. LAUDERDALE FL 33309-5903
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3. Date Incorporated or Qualified

07/31/1964

4. FEI Number

59-0702775

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWARD, RUBIN
FLORIDA PHILHARMONIC ORCHESTRA
3401 N.W. 9TH AVE.
FORT LAUDERDALE FL 33309**

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	DT	<input type="checkbox"/> DELETE
NAME	PROLOW, BRUCE T.	
STREET ADDRESS	109 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	

TITLE	DAS	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, JOHN	
STREET ADDRESS	3401 N.W. 9TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	FONTAINE, JOHN C.	
STREET ADDRESS	ONE HERALD PLAZA	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ibarquen, Alberto	
1.3 STREET ADDRESS	One Herald Plaza	
1.4 CITY-ST-ZIP	Miami, FL	

2.1 TITLE	SECRETARY DAS DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Krakow, Steven	
2.3 STREET ADDRESS	151 Crandon Blvd #925	
2.4 CITY-ST-ZIP	Key Biscayne FL 33149	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

2-18-98

952/561-2997

CR2E037 (10/97)