

FILED

Feb 05 1997 8:00am

Secretary of State

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morone Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 712944 (8)		1. Corporation Name UNITED ARTS OF CENTRAL FLORIDA, INC.	
Principal Place of Business 250 SOUTH ORANGE AVE. SUITE 130 ORLANDO FL 32801		Mailing Address 250 SOUTH ORANGE AVE. SUITE 130 ORLANDO FL 32801-3443	
2. Principal Place of Business		3a. Date of Last Report 02/27/1996	
21. Suite, Apt. #, etc.		4. FEI Number 59-1166446	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SCHOTT, JAMES L. DR. % UNITED ARTS 250 SOUTH ORANGE AVE. STE. 130 ORLANDO FL 32801		10. Name and Address of New Registered Agent	
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.		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	
12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	TITLE	CD
NAME	REICHEL, RICK	NAME	George Koehn
STREET ADDRESS	9801 LAKE NONA ROAD	STREET ADDRESS	980 S. Orange Avenue
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Orlando FL 32801
TITLE	P	TITLE	
NAME	SCHOTT, JIM	NAME	
STREET ADDRESS	250 S. ORANGE AVE. STE 130	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	RIGSBY, JOHN	NAME	
STREET ADDRESS	2251 LUCIEN WAY, STE 320	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	PUERNER, JOHN	NAME	
STREET ADDRESS	633 N ORANGE AVEW	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for 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, 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 an attachment with an address exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 an attachment with an address			
SIGNATURE: <i>James L. Schott</i>		Date: 1-31-97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR		Daytime Phone # 0015900	

CR2E037 (9/96)