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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



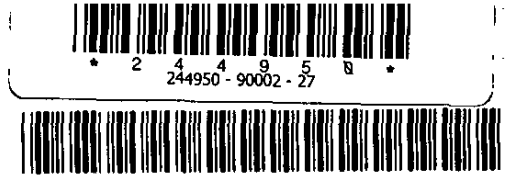
FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 712944

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/15/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1166446	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HILBRICH, GERALD F % UNITED ARTS 250 SOUTH ORANGE AVE. STE. 130 ORLANDO FL 32801				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	

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	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUERNER, JOHN P	1.2 NAME	HARVEY MASSEY
STREET ADDRESS	633 N ORANGE AVENUE	1.3 STREET ADDRESS	610 N. WYMORE RD.
CITY-ST-ZIP	ORLANDO FL 32801-1349	1.4 CITY-ST-ZIP	MAITLAND FL 32751
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOTT, JIM	2.2 NAME	GERALD F. HILBRICH
STREET ADDRESS	250 S. ORANGE AVE. STE 130	2.3 STREET ADDRESS	250 S. ORANGE AVE, SUITE 130
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL 32801
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	C/TR/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGSBY, JOHN	3.2 NAME	
STREET ADDRESS	2251 LUCIEN WAY, STE 320	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUERNER, JOHN	4.2 NAME	LYNN STEINMETZ
STREET ADDRESS	633 N ORANGE AVE	4.3 STREET ADDRESS	1751 VIA AMALFI
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILBRICH, GERALD F	5.2 NAME	HUNTING F. DEUTSCH
STREET ADDRESS	250 S ORANGE AVE., STE. 130	5.3 STREET ADDRESS	200 SOUTH ORANGE AVE.
CITY-ST-ZIP	ORLANDO FL 32801	5.4 CITY-ST-ZIP	ORLANDO FL 32801
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLARD, JEAN-MARC	6.2 NAME	GEORGE FENDER
STREET ADDRESS	1936 LEE ROAD	6.3 STREET ADDRESS	1836 WOODWARD STREET
CITY-ST-ZIP	WINTER PARK FL 32789	6.4 CITY-ST-ZIP	ORLANDO FL 32803

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Gerald F. Hilbrich* **GERALD F. HILBRICH** 1/27/99 407-425-0277
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)

UNITED ARTS OF CENTRAL FLORIDA
250 S. Orange Avenue
Suite 130
Orlando, FL 32801
BOARD OF TRUSTEES & DIRECTORS
1998-99

244950-90002-27
712944

Tr/D

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Al Kamhi 356-2207 asst. Alice

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United Arts of Central Florida, Inc.
Board of Trustees & Directors
1998-99
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United Arts of Central Florida, Inc.
Board of Trustees & Directors
1998-99
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United Arts of Central Florida, Inc.
Board of Trustees & Directors
1998-99
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United Arts of Central Florida, Inc.
Board of Trustees & Directors
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United Arts of Central Florida, Inc.
Board of Trustees & Directors
1998-99
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