


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. McPham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 713170 (9)					
<b>1. Corporation Name</b> THE GREATER HOLLYWOOD PHILHARMONIC ORCH., INC.					
<b>Principal Place of Business</b> 2030 Polk Street Hollywood, FL 33020			<b>Mailing Address</b> 2030 Polk Street Hollywood, FL 33020		
<b>2. Principal Place of Business</b> 21 Same as above		<b>2a. Mailing Address</b> 26 Same as above		<b>3. Date Incorporated or Qualified</b> 08/10/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 59-2354 181	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		<b>6. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		25		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> BRIER, BELLA 2030 POLK STREET HOLLYWOOD, FL 33020			<b>10. Name and Address of New Registered Agent</b>		
			B1 Name		
			B2 Street Address (P.O. Box Number is Not Acceptable)		
			B3		
			B4 City		
			FL B5 Zip Code		
<b>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.</b>					
SIGNATURE <i>Bella S. Brier</i> DATE <i>April 6, 1998</i>					
Signature: Typed or printed name of registered agent and fee if applicable (NOT) Registered Agent's signature required when reinstating					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
PD BRIER, BELLA S. 1912 N. 41 AVE. HOLLYWOOD, FL 33021					
VD GRAUBARD, EMILY 3131 HARRISON ST. HOLLYWOOD, FL 33021					
TD MILTON J. BRIER P.O. BOX 6234 HOLLYWOOD, FL 33081					
SD PHYLLIS D. SHELDON 1170 HAYES ST. HOLLYWOOD, FL 33019					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
<b>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.</b>					
<b>SIGNATURE:</b> Bella S. Brier April 6, 1998 (954) 983-0914					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E037 (10/97)