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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 720442

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Principal Place	I LIVELY ARTS FESTIVAL,					
глистра нас	e of Business	Mailing Address		V 102(11 (0313 11511 2411) 11511 31511	11.01 01611 01011 01611 0161	. 61911 61811 1861
4721 THOMA	is st	6151 MIRARMAR PKWY				
BOX 737 HOLLYWOOD	FL 33021	315 Miramar Fl 33023		L		
US	12 4021	US		3. Date incorporated or Qualified	3a. Date of Las	•
A Dringing D	Tace of Business	A- 14-9 - 4-11		03/08/1971	04/28/1	995
z, Friricipare	race of Business	2a. Mailing Address		4. FEI Number 02-3111614	 	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		023111014		Not Applicable
2		27		5. Certificate of Status Desired		5 Additional Required
City & Stat	te	City & State		Election Campaign Financing		O May Be
3		28		Trust Fund Contribution		ed to Fees
Zip	Country	Zιρ	Country	8. This corporation has liability for in	ntangible tax under s	. 199.032,
4]	25	29	30		Yes No	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent	
			81 Name			
GORDON, EVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	RARMAR PKWY 11		83			
MIKAMA	IR FL 33023		83			
			84 City		—. 85 Z	p Code
11 Diversion	to the explicions of Castings 617.00	00 4 617 4500 51 14 61 1		oration submits this statement for the purp	FL ¹⁸ ¹	
Orregiste	red algerit, or both, if the State of Fig	xida. Such change was authorize	ad by the comoration's bo	eard of directors, thereby accept the appo	intment as registered	d agent. I am
rannar w	ith, and accept the obligations of, Se	action 617.0003, Florida Statutes.				
annar w				red when reast the a	frate	
SIGNATURE	Signature: typed or printed name of registered age		TE Registered Agent signature requi		DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE	Signature: typed or printed name of registered age	ent and title if applicable (NO	TE. Registered Agenit signature requi	red when renstating) ADDITIONS/CHANGES TO OFFICE		DRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable (NO)	TE Registered Agent signature requi		CERS AND DIRECTO	
SIGNATURE 12. TILE JAME	Signature typed or printed name of registered age OFFICERS A	ent and title if applicable (NO)	TE Registered Agent signature requirements 13.		CERS AND DIRECTO	
SIGNATURE 12. TITLE VAME STREET ADDRESS STY-SI-ZIP	Signature typed or printed name of registered age OFFICERS A PD GORDON, EVE	ent and title if applicable (NO IND DIRECTORS DELETE	TE Registered Agent signature requirements 13. 11 TITLE 12 NAME		CERS AND DIRECTO	
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SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 954 963 3247