


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **746279** (9)  
1. Corporation Name  
**ORLANDO OPERA COMPANY, INC.**

Principal Place of Business	Mailing Address
<b>1111 N. ORANGE AVE. ORLANDO FL 32804</b>	<b>1111 N. ORANGE AVE. ORLANDO FL 32804</b>



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/16/1979</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1900176</b>
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>YATES, LEIGHTON 3218 S OSCEOLA AVENUE ORLANDO FL 32808</b>	81. Name <b>Craig B. Ward</b>
	82. Street Address (P.O. Box Number is Not Acceptable) <b>105 East Robinson Street, Suite 501</b>
	83. City
	84. City <b>Orlando, FL</b>
	85. Zip Code <b>FL 32801</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.

SIGNATURE *[Signature]* 5-14-98  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
<b>PD WYLAM, EDWARD 1029 EDGEWATER CT ORLANDO FL</b>	<b>C D Wylam Edward 1059 Edgewater Ct. Orlando, FL 32804</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
<b>PED STEILEN, TED 4627 PARKBREEZE COURT ORLANDO FL</b>	<b>P D Steilen, Ted 4627 Parkbreeze Ct. Orlando, FL 32808</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
<b>CD TOWNES, VIRGINIA 3223 WICKERSHAM CT. ORLANDO FL</b>	<b>Change</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
<b>T CARBONE, NICHOLAS 920 VIRGINIA DR WINTER PARK FL</b>	<b>T D Fluke, William 255 S. Orange Ave., Suite 1200 Orlando, FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
<b>SD LEVIN, SWANTJE 507 PALMER ST ORLANDO FL</b>	<b>S D Wagers, Nancy 2932 Westchester Ave. Orlando, FL 32803</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
<b>DELETE</b>	<b>Change</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.

SIGNATURE: *William L. Fluke* WILLIAM L. FLUKE 5/11/98 (407) 244-7520

CR2E037 (10/97)