

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90099 023 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 746279**

1. Corporation Name

**ORLANDO OPERA COMPANY, INC.**

Principal Place of Business

1111 N. ORANGE AVE.  
ORLANDO FL 32804

Mailing Address

1111 N. ORANGE AVE.  
ORLANDO FL 32804

3 7 8 1 4  
 370144-90318-19



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		2b Suite, Apt. #, etc.		03/16/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1900176	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**CRAIG B WARD**  
**105 E ROBINSON ST #501**  
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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, 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	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WYLAN, EDWARD			1.2 NAME			
STREET ADDRESS	1059 EDGEWATER CT			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32804			1.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEILEN, TED			2.2 NAME	Robinson, Brenda		
STREET ADDRESS	4627 PARKBREEZE COURT			2.3 STREET ADDRESS	530 E. Central Boulevard # 1405		
CITY-ST-ZIP	ORLANDO FL 32808			2.4 CITY-ST-ZIP	Orlando FL 32801-4304	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	FLUKE, WILLIAM			3.2 NAME			
STREET ADDRESS	255 S ORANGE AVE #1200			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGERS, NANCY			4.2 NAME	Ashby, Kimberly		
STREET ADDRESS	2932 WESTCHESTER AVE			4.3 STREET ADDRESS	140 North Phelps Avenue		
CITY-ST-ZIP	ORLANDO FL 32803			4.4 CITY-ST-ZIP	Winter Park FL 32789		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	PE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	Fender, George		
STREET ADDRESS				5.3 STREET ADDRESS	1636 East Ridgewood Street		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Orlando, FL 32803		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Brenda C Robinson*

4-13-99

Date

Daytime Phone #

CR2E037 (11/98)