

FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747612 (0)
1. Corporation Name
FLORIDA SYMPHONIC POPS, INC.



Principal Place of Business 120 N.E. FIRST AVENUE BOCA RATON FL 33432 US	Mailing Address 120 N.E. FIRST AVENUE BOCA RATON FL 33432 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 06/13/1979
4. FEI Number 59-1910069
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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 MITZIGA, DANIEL R. 120 N.E. FIRST AVENUE BOCA RATON FL 33432
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10. Name and Address of New Registered Agent 81 Name John Graham 82 Street Address (P.O. Box Number is Not Acceptable) 100 NE First Avenue 83 84 City Boca Raton FL 85 Zip Code 33432

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]* **Interim Executive Director** DATE _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	BATMASIAN, MARTA
STREET ADDRESS	215 N. FEDERAL HWY
CITY-ST-ZIP	BOCA RATON FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MITZIGA, DANIEL R.
STREET ADDRESS	800 E. JEFFREY ST. #301
CITY-ST-ZIP	BOCA RATON, FL 0
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	KRAUSER, CHARLES R.
STREET ADDRESS	700 S. FEDERAL HWY., #100
CITY-ST-ZIP	BOCA RATON FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	STANGL, HERBERT J.
STREET ADDRESS	23373 WATER CIRCLE
CITY-ST-ZIP	BOCA RATON FL
TITLE	CD <input type="checkbox"/> DELETE
NAME	LASER, CHARLES
STREET ADDRESS	1523 E. HILLSBORO, #131
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	S/Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Graham, John
2.3 STREET ADDRESS	100 NE First Ave.
2.4 CITY-ST-ZIP	Boca Raton, FL 33432
3.1 TITLE	C/Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jones, Clifford
3.3 STREET ADDRESS	120 E. Palmetto Park Rd.
3.4 CITY-ST-ZIP	Boca Raton, FL 33432
4.1 TITLE	T/Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Satsky, Marvin M.
4.3 STREET ADDRESS	1223 Hillsboro Mile #7
4.4 CITY-ST-ZIP	Hillsboro Beach, FL 33062
5.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *[Signature]* **CLIFFORD JONES** 4-24-98 561-393-7677

CF2E037 (10/97)