

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H88201 (9)**
1. Corporation Name
THE UNIVERSITY CENTER FOR PERFORMING ARTS, INC.



Principal Place of Business

Mailing Address

**2240 S.W. 70TH AVE.
UNIT A.
DAVIE FL 33317**

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UNIT A.
DAVIE FL 33317**

3. Date Incorporated or Qualified 12/05/1985	3a. Date of Last Report 06/07/1995
4. FEI Number 59-2644596	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RASSLER, KAREN RODENSKY
UNIVERSITY CENTER FOR PERFORMING ARTS
2240 S.W. 70TH AVE. UNIT A
DAVIE FL 33317**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (if not applicable)

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	PIANELLI, GILDA	1.2 NAME	
STREET ADDRESS	2240 SOUTHWEST 70TH AVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	DAVIE FL	1.4 CITY-STATE-ZIP	
TITLE	DV	2.1 TITLE	
NAME	RODENSKY, DEBRA	2.2 NAME	
STREET ADDRESS	2240 SOUTHWEST 70TH AVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	DAVIE FL	2.4 CITY-STATE-ZIP	
TITLE	DST	3.1 TITLE	
NAME	RASSLER, KAREN RODENSKY	3.2 NAME	
STREET ADDRESS	2240 SOUTHWEST 70 AVE.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	DAVIE FL	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	
NAME	SLOAN, BARBARA	4.2 NAME	
STREET ADDRESS	2240 SOUTHWEST 70 AVE.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	DAVIE FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/96 (94) 475-3000
Date Date Printed

CR2E034 (12/95)