

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

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PROFIT
CORPORATION
ANNUAL REPORT
1996 ~~1997~~



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

FILED

97 MAR 18 AM 11:50

SECRETARY OF STATE



DOCUMENT # L09120 (1)
1. Corporation Name
MICHAEL'S ACADEMY OF PERFORMING ARTS, INC.

Principal Place of Business
10442 W. ATLANTIC BLVD.
CORAL SPRINGS FL 33071

Mailing Address
10442 W. ATLANTIC BLVD.
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified 08/11/1989	3a. Date of Last Report 09/12/1995
4. FEI Number 65-0141162	Applied For Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

ISAACS, MICHAEL J., JR.
4010 NE 13TH AVE
FT LAUDERDALE FL 33334

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 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 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAACS, MICHAEL J., JR.	1.2 NAME	300002117923--6
STREET ADDRESS	4010 N.E. 13TH AVENUE	1.3 STREET ADDRESS	-03/19/97--01063--003
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	****365.00 ****365.00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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: *Michael J. Isaac*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97

Date

954-561-9442

Daytime Phone #

CR2E034 (12/95)

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MICHAELS ACADEMY OF PERFORMING ARTS, INC.

10442 West Atlantic Blvd.
Coral Springs, Fl. 33071
755-8400

FILED
97 MAR 18 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 12, 1997

Florida Department of State
Annual Reports Section
Division of Corporations
Post Office Box 13900
Tallahassee, Florida 32317

Attention: Ms. Leslie Sellers

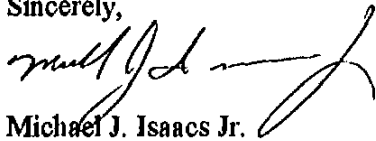
As per our conversation on Wednesday March 12, 1997, I am writing you this letter.

My business, Michaels Academy of Performing Arts, Inc., did not receive a 2nd notice for the renewal of our corporation. I had no knowledge of the penalty fees and at no time was I aware that they would be \$550.00.

As we agreed upon, I am enclosing a check in the amount of \$365.00. This is to cover the re-instatement of the corporation and the 1997 dues.

Thank you for your help.

Sincerely,



Michael J. Isaacs Jr.