

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N02993** (6)

1. Corporation Name

SOUTH FLORIDA ART CENTER, INC.



Principal Place of Business: **924 LINCOLN RD MIAMI BEACH FL 33139**
Mailing Address: **924 LINCOLN RD MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified: **04/27/1984**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-2423867**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22** **SUITE 205**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLOYD, DAVID
924 LINCOLN ROAD
MIAMI BEACH FL 33139**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEEZEM, JAN	1.2 NAME
STREET ADDRESS	777 BRICKELL, AVE., STE. 1116	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, I. STANLEY	2.2 NAME
STREET ADDRESS	1110 BRICKELL AVE	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI BCH. FL	2.4 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASEMAN, ALAN	3.2 NAME
STREET ADDRESS	2435 HOLLYWOOD BLVD	3.3 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, DAVID	4.2 NAME
STREET ADDRESS	800 LINCOLN RD.	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI BCH. FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David M. Floyd Date: 4-22-96 Daytime Phone #: 305 674 8278

CR2E037 (12/95)