

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 13 1998 8:00 am
Secretary of State

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 SUITE 205 MIAMI BEACH FL 33139 US**

3. Date Incorporated or Qualified: **04/27/1984**
4. FEI Number: **59-2423867**
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
FLOYD, DAVID
924 LINCOLN ROAD
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEEZEM, JAN	1.2 NAME
STREET ADDRESS	200 S BISCAYNE BLVD 20TH FLOOR	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASEMAN, ALAN	2.2 NAME
STREET ADDRESS	2435 HOLLYWOOD BLVD	2.3 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, DAVID	3.2 NAME
STREET ADDRESS	800 LINCOLN RD.	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI BCH. FL	3.4 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, ALAN	4.2 NAME
STREET ADDRESS	1545 MERIDIAN AVE	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH 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

500002423867
-04/13/98-01018-017
***70.00

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]* **3/5/98** **1674-8278**

CR2E037 (10/97)