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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90249 030 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N02993

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/27/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2423867	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

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	924 Lincoln Road Suite-205		
				84	City	85	Zip Code
	Miami Beach	FL	33139				

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 *Gary A. Knight* Gary A. Knight-Executive Director 01/21/99  
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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEEZEM, JAN	1.2 NAME	Alan Baseman
STREET ADDRESS	200 S BISCAYNE BLVD 20TH FLOOR	1.3 STREET ADDRESS	200 East Las Olas Blvd. Ste-1900
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASEMAN, ALAN	2.2 NAME	Richard Shack
STREET ADDRESS	2435 HOLLYWOOD BLVD	2.3 STREET ADDRESS	151 S.E 15 Road
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	Miami, Fl. 33129
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLOYD, DAVID	3.2 NAME	Joanne Rosen
STREET ADDRESS	800 LINCOLN RD.	3.3 STREET ADDRESS	5255 Collins Avenue #5-D
CITY-ST-ZIP	MIAMI BCH. FL	3.4 CITY-ST-ZIP	Miami Beach, Fl. 33139
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	ED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDOLPH, ALAN	4.2 NAME	Gary A. Knight
STREET ADDRESS	1545 MERIDIAN AVE	4.3 STREET ADDRESS	924 Lincoln Road Suite-205
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	Miami Beach, Fl. 33139
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Ernesto Cuesta
STREET ADDRESS		5.3 STREET ADDRESS	924 Lincoln Road Suite-205
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami Beach, Fl. 33139
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Gary A. Knight* SIGNATURE REQUIRED Gary A. Knight-Executive Director 01/21/99  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)