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Apr 22 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N05565** (9)

1. Corporation Name

**JAN MCART'S AMERICAN FESTIVAL SERIES, INC.**

Principal Place of Business

Mailing Address

**% MCART, JAN**  
**315 S.E. MIZNER BLVD**  
**BOCA RATON FL 33432****% MCART, JAN**  
**315 S.E. MIZNER BLVD.**  
**BOCA RATON FL 33432**

3. Date Incorporated or Qualified

**10/09/1984**

4. FEI Number

**59-2454601**

Applied For

Not Applicable

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 ☐ No8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ 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

**CIMINO, ROBERT S.**  
**315 GOLFVIEW DR #212**  
**BOCA RATON FL 33432**

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

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                      | PD                       | 1.1 TITLE   | President                 |
| NAME                       | MCART, JAN               | 1.2 NAME  | Dr. Don McArt             |
| STREET ADDRESS             | 315 GOLFVIEW DR, STE 213 | 1.3 STREET ADDRESS                                    | 315 Golfview Dr Ste 213   |
| CITY-ST-ZIP                | BOCA RATON FL            | 1.4 CITY-ST-ZIP                                       | Boca Raton, FL 33432      |
| TITLE                      | ST                       | 2.1 TITLE   | Treasurer                 |
| NAME                       | MCART, JAN               | 2.2 NAME  | Patricia V. Cohen         |
| STREET ADDRESS             | 315 GOLFVIEW DR, STE 213 | 2.3 STREET ADDRESS                                    | 2261 Cherry Palm Road     |
| CITY-ST-ZIP                | BOCA RATON FL            | 2.4 CITY-ST-ZIP                                       | Boca Raton, FL 33432      |
| TITLE                      | D                        | 3.1 TITLE   |                           |
| NAME                       | DEITCH, BELLE            | 3.2 NAME  |                           |
| STREET ADDRESS             | 1280 SPANISH RIVER RD.   | 3.3 STREET ADDRESS                                    |                           |
| CITY-ST-ZIP                | BOCA RATON FL            | 3.4 CITY-ST-ZIP                                       |                           |
| TITLE                      | D                        | 4.1 TITLE   | Director                  |
| NAME                       | CIMINO, ROBERT           | 4.2 NAME  | Deborah Lawlor            |
| STREET ADDRESS             | 315 GOLFVIEW DR #212     | 4.3 STREET ADDRESS                                    | 315 Golfview Dr, Ste. 213 |
| CITY-ST-ZIP                | BOCA RATON FL            | 4.4 CITY-ST-ZIP                                       | Boca Raton, FL 33432      |
| TITLE                      | /                        | 5.1 TITLE   | Director                  |
| NAME                       |                          | 5.2 NAME  | Dr. Don McArt             |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    | 315 Golfview Dr, Ste 213  |
| CITY-ST-ZIP                |                          | 5.4 CITY-ST-ZIP                                       | Boca Raton, FL 33432      |
| TITLE                      |                          | 6.1 TITLE   | Director                  |
| NAME                       |                          | 6.2 NAME  | Patricia V. Cohen, Esq.   |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    | 2261 Cherry Palm Rd.      |
| CITY-ST-ZIP                |                          | 6.4 CITY-ST-ZIP                                       | Boca Raton, FL 33432      |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CORPORATION

4-13-98 561392-3755

CR02037 (10/97)