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Mar 02 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11794** (7)

1. Corporation Name

**PERFORMING ARTS CENTER PACERS, INC.**

Principal Place of Business

Mailing Address

201 S.W. FIFTH AVENUE  
FT. LAUDERDALE FL 33312

201 S.W. FIFTH AVENUE  
FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified

10/29/1985

4. FEI Number

59-2706758

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip 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

10. Name and Address of New Registered Agent

LEWIS, OREN R

2150 S.E. 17TH STREET CAUSEWAY  
#156-  
FT. LAUDERDALE FL 33316-3104

Nancyetta S. Palumbo  
4020 Galt Ocean Dr. #1412  
Fort Lauderdale, FL 33308

Nancyetta S. Palumbo

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

Nancyetta S. Palumbo

Nancyetta S. Palumbo

2-20-98

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 ☒ DELETE  
NAME D  
STREET ADDRESS PALUMBO, NANCYETTA - President  
CITY-ST-ZIP 4020 GALT OCEAN DRIVE, #1412  
FT. LAUDERDALE FL 33308

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS POCZA, MARCY  
CITY-ST-ZIP 333 SUNSET DR. #706  
FT LAUDERDALE FL 33301

TITLE ☒ DELETE  
NAME T  
STREET ADDRESS GIERTZ, HOLLY  
CITY-ST-ZIP 936 INTRACOASTAL DRIVE 4F  
FT. LAUDERDALE FL 33304

TITLE ☐ DELETE  
NAME Conrad, Tracy, President - elect  
STREET ADDRESS S.E. 9 St.  
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE ☐ DELETE  
NAME Collins Patricia - Treasurer  
STREET ADDRESS 2916 W. Atlantic Blvd.  
CITY-ST-ZIP Ft. Lauderdale, FL 33308

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

Nancyetta S. Palumbo - President

2-1-98

954-565-4754

CR2E037 (10/97)