


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14767 (0)**  
1. Corporation Name  
**GUILD FOR INTERNATIONAL PIANO COMPETITIONS, INCORPORATED**

Principal Place of Business <b>313 CRANESNEST WAY WEST PALM BEACH FL 33401</b>	Mailing Address <b>313 CRANESNEST WAY WEST PALM BEACH FL 33401</b>
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2. Principal Place of Business <b>21 Same as above</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 Same as above</b> Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	28 Country
25 Country	30 Zip

3. Date Incorporated or Qualified <b>05/12/1986</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2670372</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINLEY, CHANDLER**  
**1845 PALM BEACH LAKES #300**  
**WEST PALM BEACH FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>BRYAN, JOHN</b>
STREET ADDRESS	<b>313 CRANESNEST WAY</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>ARCENTALES, EDUARDO</b>
STREET ADDRESS	<b>209 AVILA RD</b>
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>
TITLE	MDM <input type="checkbox"/> DELETE
NAME	<b>DANIELS, ALVA G</b>
STREET ADDRESS	<b>44 COCOANUT ROW</b>
CITY-ST-ZIP	<b>PALM BCH FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>NICHOLS, MARION</b>
STREET ADDRESS	<b>4090 GEM LAKE DRIVE</b>
CITY-ST-ZIP	<b>GLEN RIDGE FL 33406-3254</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>Mercedes Travis</b>
STREET ADDRESS	<b>219 Chilean Avenue # B</b>
CITY-ST-ZIP	<b>Palm Beach 33480-4248</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Marshall Owen Isaacson</b>
1.3 STREET ADDRESS	<b>20755 Eagle Creek Court</b>
1.4 CITY-ST-ZIP	<b>Boca Raton 33498-6809</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kathleen McGowan</b>
2.3 STREET ADDRESS	<b>605 Universe Blvd # T414</b>
2.4 CITY-ST-ZIP	<b>Juno Beach 33408-2469</b>
3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Susan Morrirt</b>
3.3 STREET ADDRESS	<b>227 8 Street</b>
3.4 CITY-ST-ZIP	<b>West Palm Beach 33401-3701</b>
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Narjorie Stoll</b>
4.3 STREET ADDRESS	<b>110 Sunset Ave</b>
4.4 CITY-ST-ZIP	<b>Palm Beach 33480 -4248</b>
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Imogene T. Owen</b>
5.3 STREET ADDRESS	<b>19114 Glenmoor Dr.</b>
5.4 CITY-ST-ZIP	<b>West Palm Beach Fl 33409-2787</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]* (561) 833-8817

CR2E037 (10/97)