NONPROFIT CORPORATION



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

ANNUAL REPOR
1996

DOCUMENT #
1. Corporation Name

N14795

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 1.00.00	DEMILE	LICIMAN	FOII CACAGO AND A.	HIML 4.

I COINC	A OF ACE COAST THEHAI								
Principal Place of Business Mailing Address						( IODIIIDI EOI HIDII GIDII IDAID IZAE	SHI ONDI DIDI D	YADIA BIDIK A	JUBIN BUBIN 1881
2150 LAKE D COCOA FL 3		P.O. BOX 3344 COCOA FL 32924							
						3. Date Incorporated or Qualified 05/07/1986	3a. Date 05	of Last R 5/01/19	
	ace of Business	2a. Mailing Address				4. FEI Number			pplied For
Suite, Apt.	H ata	26				59-2678234		<del></del>	ot Applicable
22		Suite, Apt. #, etc.				5. Certificate of Status Desired	;		Additional lequired
City & State		City & State				6. Election Campaign Financing			May Be
<b>23</b> Zip	Country	28   Z <sub>I</sub> p	Coun	in.		Trust Fund Contribution			to Fees
24	25	29	30	u y		8. This corporation has liability for in Florida Statutes	ntangible tax u ] Yes □ No		99.032,
	9. Name and Address of Curren		1001			10. Name and Address of New Ro			
				11 Name	<b></b>		<u> </u>	-	
WALKER	R, VERA W.		,	2 Street	t Addrage	(P.O. Box Number is Not Acceptable	<u>,                                    </u>		· · · · · · · · · · · · · · · · · · ·
28 MITC	HELL ST. E.			- 0.100	1 Naa-655		-)		
COCOA	FL 32922			13					
			ε	14 City				<b>85</b> Zip	Code
Ad Divisions	- the	4 0 1 7 4 5 0 0 E) 4 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<del></del>		FLI		
j orregisier	o the provisions of Sections 617.0502 ed agent, or both, in the State of Floric	aa. Such change was authoriz	ed by the co	e-named c rporation's	corporations board o	n submits this statement for the purp f directors. I hereby accept the appo	ose of changi introdut as rec	ing its requisitered a	gistered office
familiar wit	th, and accept the obligations of, Secti	on 617.0503, Florida Statutes	s. ´			, , , , , , , , , , , , , , , , , , , ,		,	gom. rum
SIGNATURE _	Signature, typed or printed name of registered agent	and the departments. Ass.	TE: Registereo A						
12.	OFFICERS AND		13.	gent signature	a re-foreo Mu	ADDITIONS/CHANGES TO OFFE	DATE CERS AND DI	IRECTOR	IS IN 12
TITLE	VD	DELETE 1.1 T		Ε	7	REASURER/DIR	ECTOR []	Change	Addition
NAME	CHRIST, O.J.W.		1.2 NAM	Έ	283	ETTY ARMIST	EAD	-	<b>-</b>
STREET ADDRESS 2150 LAKE DR.		1.3 S		1.3 STREET ADDRESS 3		OVALENCIA RI	DAC		
CITY-ST-ZIP	COCOA FL 32926		1.4 C(TY	- ST - ZIP	R	CKLEDGE FL	329	55	-
1(TL€	SD	DELETE	2 1 TiTL	E	NIC	E PRES (2) DIA BERT BALL 18 KIMBERLY	FITORU	Change	Addition
NAME	MLODZIANOWSKI, RUTH		2 2 NAM	E	RC	BERT BALL	<b>€</b> ℝ′		`
STREET ADDRESS 2515 HERITAGE DRIVE			2 3 STREET ADD		50	98 KIMBERLY	LIRCL	Æ.	
CITY-ST-ZIP	TITUSVILLE FL 32780		2 4 CITY - ST - ZIP		w.	MELBOURNE, 1	<u>: E 1:</u>	<u> ፲ 9 ይ</u>	14
TITLE	D	DELETE	3.1 TITL	Ī	DIR	ELTOR	ГП	Change	Addition
NAME	STANTON, ALICE R.		3 2 NAM		مد ذا	ATHER SCHL 9 NORSE ST	FILH	ER	
STREET ADDRESS	459 ARUBA COURT			ET ADDRESS	9	y NORSE SI	w w		
CITY-ST-ZIP TITLE	SATELLITE BCH FL 32937	DELETE		(-ST-ZIP	112/	LM BAY, FL 3	<u> </u>	<u>/</u>	
NAME	WALKER, VERA W		4.1 TITE					Change	Addition
STREET ADDRESS	28 MITCHELL ST E		4 2 NAN						
! I	COCOA FL 32922			ET ADDRESS					
CITY-ST-ZIP TITLE	DT SESSE	DELETE	5 1 TITLE	-ST-ZIP	<del> </del>			Change	Addition
NAME	ANDERSON, GARY	~	5 2 NAM				,	Jikango	L_J Addition
STREET ADDRESS	15 PARKWAY AVE			ET ADDRESS	. [				
CITY-ST-ZIF	COCOA FL 32922			- ST - ZIP					
TITLE	D	<b>₽</b> ⊅ELETE	6 1 TITL		<del> </del>	<u> </u>	, in a	Change	Addition
NAME	WIRTSCHAFTER, IRENE N.	••	62 NAM						
STREET ADDRESS	1825 MINUTEMAN CSWY APT	Г. 301		ET ADDRESS					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

COCOA BEACH FL 32931

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR