

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED  
 Oct 08 1998 8:00am  
 Secretary of State

DOCUMENT # N20824

(1)

1. Corporation Name

TAMPA BAY OPERA CORPORATION

Principal Place of Business

Mailing Address

1994 ARVIS CIRCLE WEST  
 CLEARWATER FL 33764  
 US

1994 ARVIS CIRCLE WEST  
 CLEARWATER FL 33764  
 US

2. Principal Place of Business

21 | 10600 4th St No  
 Suite, Apt #, etc.

22 | 511  
 City & State

23 | ST PETERSBURG, FL  
 Zip Country

24 | 33716 25 | USA

2a Mailing Address

26 | 10600 4th St No  
 Suite, Apt #, etc.

27 | 511  
 City & State

28 | ST PETERSBURG, FL  
 Zip Country

29 | 33716 30 | USA

9. Name and Address of Current Registered Agent

YOUKON, CYNTHIA R.  
 1994 ARVIS CIRCLE WEST  
 CLEARWATER FL 34625

81 Name CYNTHIA R. YOUKON  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 10600 4th St No  
 83 # 511  
 84 City ST PETERSBURG FL 85 Zip Code 33716

3. Date Incorporated or Qualified

05/26/1987

4. FEI Number

59-2799713

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 [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

10. Name and Address of New Registered Agent

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 Cynthia R Youkon

9/23/98  
 DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	[ ] DELETE
NAME	PATRICK, SHIRLEY	
STREET ADDRESS	1703 56TH TERR. SO. B	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	PSD	[ ] DELETE
NAME	YOUKON, CYNTHIA R.	
STREET ADDRESS	1994 ARVIS CIRCLE WEST	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	D	[ ] DELETE
NAME	DOLAN, CATHEY	
STREET ADDRESS	12689 86TH TERR. NORTH	
CITY-STATE-ZIP	SEMINOLE FL 34640	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

(NOTE: Registered Agent signature required when reinstating)

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[X] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	[X] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: Cynthia R Youkon CYNTHIA R YOUKON 9/23/98 727-217-9121  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)