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Apr 08, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N31442</b>					
1. Corporation Name <b>SYMPHONY GUILD OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business P.O. BOX 7300 FT. LAUDERDALE FL 33338 US			Mailing Address P.O. BOX 7300 FT. LAUDERDALE FL 33338 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/30/1989</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0141961</b>	
22		27		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>STEINER-HORNSTEYN, HELENA</b> <b>936 INTRACOASTAL DR</b> <b>APT 7E</b> <b>FT. LAUDERDALE FL 33308</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
					<b>FL</b>		

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEINER-HORNSTEYN, HELENA			1.2 NAME			
STREET ADDRESS	4430 NE 25TH AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALZURI, MAGDA			2.2 NAME			
STREET ADDRESS	1131 SE FOURTH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>SHERWIN, LINDA</del>			3.2 NAME			
STREET ADDRESS	<del>521 SE 3RD TERRACE</del>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<del>POMPANO BEACH FL 33060</del>			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEACH, ANNA			4.2 NAME			
STREET ADDRESS	5400 PINETREE ROAD			4.3 STREET ADDRESS	2325 NE 17 Terrace		
CITY-ST-ZIP	POMPANO BEACH FL 33067			4.4 CITY-ST-ZIP	Wilton Manors, FL 33305		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THORNE, VERONIKA			5.2 NAME			
STREET ADDRESS	2625 SEA ISLAND DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			5.4 CITY-ST-ZIP			
TITLE	Irene Sullivan	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	4411 NE 15 Terrace			6.2 NAME	Irene Sullivan		
STREET ADDRESS	Fort Lauderdale, FL 33334			6.3 STREET ADDRESS	4411 NE 15 Terrace		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33334		

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #