


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N32274					
1. Corporation Name BROWARD CENTER OF DANCE AND THEATRE ARTS, INC.					
Principal Place of Business 5450 STATE RD 7 HOLLYWOOD FL 33314 US			Mailing Address 10125 GROVE LANE COOPER CITY FL 33326 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/12/1989 4. FEI Number 65-0127001 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		4730 SW 43 TERR. FT. LAUDERDALE, FL 33314 U.S.A.			

9. Name and Address of Current Registered Agent TABACCO, JACKIE 10125 GROVE LANE COOPER CITY FL 33326				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
				4730 S.W. 43 TERR. FT. LAUDERDALE FL 33314			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TABACCO, JACKIE			1.2 NAME			
STREET ADDRESS	4425 SW 25 AVE.			1.3 STREET ADDRESS	4730 S.W. 43 TERR.		
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33314		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEST, BARBARA			2.2 NAME	REBECCA BRAVERMAN		
STREET ADDRESS	6339 NE 9 AVE.			2.3 STREET ADDRESS	3809 N. 41 AVE.		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP	HOLLYWOOD FL 33021		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAY, VIRGINIA			3.2 NAME	CRISTINA SEBER		
STREET ADDRESS	3901 SW 56 ST.			3.3 STREET ADDRESS	5430 N. 37 ST.		
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CURRAN, JOAN			4.2 NAME	GAY ANN MILLER		
STREET ADDRESS	3133 SW 58 PL.			4.3 STREET ADDRESS	3831 S.W. 56 ST.		
CITY-ST-ZIP	FT. LAUDERDALE FL			4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	MARY JANE MYSCICH		
STREET ADDRESS				5.3 STREET ADDRESS	4731 SW 43 AVE.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33314		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)