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Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32630 (8)

1. Corporation Name
BETSY JOHNSON LEARNING CENTER FOR THE PERFORMING ARTS, INC.

Principal Place of Business C/O CHARLOTTE JOHNSON 1050-B E. MICHIGAN ST. ORLANDO FL 32806	Mailing Address C/O CHARLOTTE JOHNSON 1050-B E. MICHIGAN ST. ORLANDO FL 32806-4705
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2. Principal Place of Business 21 Betsy Johnson Learning Center	2a. Mailing Address 26 2501 N. Westmoreland	3. Date Incorporated or Qualified 06/01/1989	3a. Date of Last Report 07/10/1996
22 Suite, Apt. #, etc. % St Michaels	27 Suite, Apt. #, etc.	4. FEI Number 59-2956286	Applied For <input type="checkbox"/> Not Applicable
23 City & State Orlando, FL	28 City & State Orlando, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32804	25 Country ORANGE	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 Zip 32804	30 Country ORANGE	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCDONALD, ROGER J. 1218 E. ROBINSON ST. ORLANDO FL 32801	10. Name and Address of New Registered Agent 81 Name TED WETTSTEIN, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 801 ORIENTA AVENUE 83 #1000 84 City Altamonte Sps FL 85 Zip Code 32701
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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] DATE 3/27/97

Signature, typed or printed name of registered agent and title is required. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE CURTIS, Charlotte	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, CHARLOTTE		1.2 NAME	
STREET ADDRESS 1050-B E. MICHIGAN ST.		1.3 STREET ADDRESS 980 Stonewood Lane	
CITY-ST-ZIP ORLANDO FL 32806		1.4 CITY-ST-ZIP MAITLAND, FL 32751	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALPIN, STEVEN		2.2 NAME	
STREET ADDRESS 911 RUGBY		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32804		2.4 CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEW, PATTY		3.2 NAME	
STREET ADDRESS 1015 LANCASTER DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32806-2314		3.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALKER, ANDREW		4.2 NAME	
STREET ADDRESS 200 ST. ANDREW BLVD., SUITE 3201		4.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL 32789		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 do 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] DATE 3/24/97 (407) 32751

CR2E037 (9/96)