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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10: 49

DOCUMENT # N48879 (3)

1. Corporation Name

HARBORSIDE PERFORMERS, INC.

Principal Place of Business	Mailing Address
2811 M TAMIAMI TR 1601 MARION AVENUE PT CHARLOTTE FL 33952 US	~~2811 M TAMIAMI TR~~ ~~1601 MARION AVENUE~~ ~~PT CHARLOTTE FL 33952~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1992
3a. Date of Last Report: 01/31/1994
4. FEI Number: 65-0325218 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address
21 5046 LACOSTA ISLAND CT.	26 5046 LACOSTA ISLAND CT.
Suite, Apt. #, etc. 22 PUNTA GORDA	Suite, Apt. #, etc. 27 PUNTA GORDA
City & State 23 FL	City & State 28 FL.
Zip 24 33950 Country 25 CHARLOTTE	Zip 29 33950 Country 30 CHARLOTTE

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of ~~New~~ Registered Agent
JEWELL, AUDREY ~~[illegible] SUITE 203~~ ~~1601 W. MARION AVENUE~~ ~~PUNTA GORDA FL 33950~~	81 Name: SAME 82 Street Address (P.O. Box Number is Not Acceptable): 5046 LACOSTA ISLAND CT. 83 PUNTA GORDA 84 City: FL 85 Zip Code: 33950

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Audrey M. Jewell — 3/27/95
(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	PD	11 TITLE	☐ Change ☐ Addition
NAME	JEWELL, AUDREY	12 NAME	
STREET ADDRESS	5046 LA COSTA ISLAND CT.	13 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	AACH, RITA	22 NAME	
STREET ADDRESS	425 SORRENTO CT.	23 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL-GORDON, JOAN	32 NAME	
STREET ADDRESS	1301 SOCORRO DR	33 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	HAFT, INZER	42 NAME	
STREET ADDRESS	3924 LA COSTA ISLAND CT.	43 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Audrey M. Jewell — 3/27/95 — 813-639-1932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017244