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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:20

DOCUMENT # N51306 (1)

1. Corporation Name
FOLKLORIC ARTISTS OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
525 S. TERRACE PALM BEACH FL 33418 US	525 S. TERRACE PALM BEACH GARDENS FL 33418 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0377994 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 525 5th TERRACE	26 525 5th TERRACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PALM BEACH GARDENS, FL	City & State 28 PALM BEACH GARDENS, FL
Zip 24 33418 Country 25 US	Zip 29 33418 Country 30 US

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
LAPSKER, MARTIN 1201 US HWY 1 SUITE 240-C NORTH PALM BEACH FL 33408	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 Martin Lapsker MARTIN LAPSKER 3/2/95
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	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	LAPSKER, JOYCE J.	1.2 NAME	
STREET ADDRESS	525 5TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☑ Change ☐ Addition
NAME	HAUSMAN, SHAREN	2.2 NAME	HAUSMANN, SHAREN
STREET ADDRESS	303 OLD MEADOW WAY	2.3 STREET ADDRESS	395 SILVERTHORNE POINT NE
CITY-ST-ZIP	PALM BCH GARDENS FL	2.4 CITY-ST-ZIP	LAWRENCEVILLE, GA. 30243
TITLE	SD	3.1 TITLE	SD ☑ Change ☐ Addition
NAME	HENNIS, NANCY	3.2 NAME	HENNIS, NANCY
STREET ADDRESS	179 KINGS WAY	3.3 STREET ADDRESS	303 OLD MEADOW WAY
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	PALM BCH. GARDENS, FL 33418
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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: Joyce J. LAPSKER, DIRECTOR/PRES. Joyce J. Lapsker 3/7/95 1-407-627-0785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048003