SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jul 30 1998 8:00am
Secretary of State

000000

DOCUMENT # N93000000161 (0)

1. Corporation Name

THE SCULPTURE THEATRE, INC.

Principal Place of Business	Mailing Address
~~9200 ALTON RD~~ ~~WPB FL 33405-1004~~ 1091 THE POINTE DR WEST PALM BEACH FL 33409-1911	~~P.O. BOX 064 PB FL 33480~~

3. Date Incorporated or Qualified: 01/01/1993

4. FEI Number: 65-0383977 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HANDY, ROBERT S ~~2200 ALTON RD~~ 1091 THE POINTE DR ~~WPB FL 33405-1004~~ WEST PALM BEACH FL 33409-1911	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 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	~~MENICHETTI, LEE~~		1.2 NAME	SPENSER, PHYLLIS	
STREET ADDRESS	~~184 SUNSET AVE #1~~		1.3 STREET ADDRESS	3400 So OCEAN BLVD	
CITY-ST-ZIP	~~PALM BEACH FL 33480~~		1.4 CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HANDY, ROBERT S		2.2 NAME		
STREET ADDRESS	~~184 SUNSET AVE #1~~ 1091 THE POINTE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~PALM BEACH FL 33480~~ WEST PALM BEACH FL 33409-1911		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LONGO, DR & MRS. MICH		3.2 NAME		
STREET ADDRESS	239 OSCEOLA WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEAUDOIN, MR. & MRS. JOH		4.2 NAME		
STREET ADDRESS	3120 SOUTH OCEAN BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TRAINA, MR & MRS JOSEP		5.2 NAME		
STREET ADDRESS	4801 CATTAMARAN CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WOOD, MRS SHERYL		6.2 NAME		
STREET ADDRESS	4487 HICKORY DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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.

SIGNATURE: Phyllis Spenser Director 7/24/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #