


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90079 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000000358					
1. Corporation Name ROYAL PALM PERFORMING ARTS THEATRE, INC.					
Principal Place of Business 11818 SUNSET BLVD. ROYAL PALM BEACH FL 33411			Mailing Address 11818 SUNSET BLVD. ROYAL PALM BEACH FL 33411		



2. Principal Place of Business 21 1000 Crestwood Blvd. N. Suite, Apt. #, etc. 22		2a. Mailing Address P.O. Box 210534 26 Royal Palm Bch, Fl. 33421-0534 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 01/27/1993	
City & State 23 Royal Palm Bch, Fl. Zip Country 24 33411 25 U.S.		City & State 28 Royal Palm Bch, Fl. Zip Country 29 33421-0534 30 U.S.		4. FEI Number 65-0384634 Applied For Not Applicable	
				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	

9. Name and Address of Current Registered Agent PAGLIARO, PETER 11818 SUNSET BLVD ROYAL PALM BEACH FL 33411				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAGLIARO, PETER		1.2 NAME		
STREET ADDRESS	11818 SUNSET BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAGLIARO, DEBORAH		2.2 NAME		
STREET ADDRESS	11818 SUNSET BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANDICE COPPOLETTA		3.2 NAME		
STREET ADDRESS	12221 59TH ST. NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARK PAFFORD		4.2 NAME		
STREET ADDRESS	14693 64TH CT N		4.3 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAIG BACHOVE		5.2 NAME		
STREET ADDRESS	11125 ISLE BROOK CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERT JONES		6.2 NAME		
STREET ADDRESS	3530 HARWICH COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL		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: *Peter Pagliaro* 1-11-99 561-686-4006 ext 145
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)