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Jul 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005741 (4)**

1. Corporation Name

PALETTE, MASK AND LYRE STUDIO THEATRE, INC.

Principal Place of Business

Mailing Address

**8545 BONITA ISLE DR.
LAKE WORTH FL 33467-5532**

**8545 BONITA ISLE DR.
LAKE WORTH FL 33467-5532**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'CONNOR, JAMES
8545 BONITA ISLE DRIVE
LAKE WORTH FL 33467-5532**

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	M D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, JAMES	1.2 NAME	O'Connor, James
STREET ADDRESS	8545 BONITA ISLE DR	1.3 STREET ADDRESS	8545 Bonita Isles Dr.
CITY-ST-ZIP	LAKE WORTH FL 33467-5532	1.4 CITY-ST-ZIP	Lake Worth, FL 33467-5532
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	F D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNOR, MARGARET	2.2 NAME	Vann, Steve
STREET ADDRESS	5800 NORTH DIXIE HWY., #1908	2.3 STREET ADDRESS	12740 Westport Circle
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	Wellington, FL 33414-5538
TITLE	TSO <input checked="" type="checkbox"/> DELETE	3.1 TITLE	M D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKETT, PAULA	3.2 NAME	Diana Feldman
STREET ADDRESS	1895 PRIMROSE LANE	3.3 STREET ADDRESS	5365 Ouachita
CITY-ST-ZIP	WELLINGTON FL 33414	3.4 CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FETTERLY, MARK	4.2 NAME	Hussey, Lynne
STREET ADDRESS	6663 HILLSIDE LANE	4.3 STREET ADDRESS	12653 Persimmon Blvd.
CITY-ST-ZIP	LANTANA FL 33462	4.4 CITY-ST-ZIP	West Palm Bch., FL 33411
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	M D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, LISE	5.2 NAME	Brocard, Maggie
STREET ADDRESS	8145 C BRIDGEWATER CT.	5.3 STREET ADDRESS	3723 Woods Walk Blvd.
CITY-ST-ZIP	LAKEWORTH SHORES FL 33408	5.4 CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	AND D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBERG, JEFFERY	6.2 NAME	LEE FELDMAN
STREET ADDRESS	6310 BRECHEN RIDGE CT.	6.3 STREET ADDRESS	5365 Ouachita
CITY-ST-ZIP	LAKEWORTH FL 33467	6.4 CITY-ST-ZIP	LAKEWORTH, FL 33467

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.

CR2E037 (10/97)