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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005741

1. Corporation Name

PALETTE, MASK AND LYRE STUDIO THEATRE, INC.

Principal Place of Business

8545 BONITA ISLE DR.
LAKE WORTH FL 33467-5532

Mailing Address

8545 BONITA ISLE DR.
LAKE WORTH FL 33467-5532



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/21/1993

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0478705

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. 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 ☐ DELETE
NAME D
O'CONNOR, JAMES
STREET ADDRESS 8545 BONITA ISLES DR
CITY-ST-ZIP LAKE WORTH FL 33467-5532

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
VANN, STEVE
STREET ADDRESS 12740 WESTPORT CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414-5538

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
FELDMAN, DIANA
STREET ADDRESS 5365 QUACHITA
CITY-ST-ZIP LAKE WORTH FL 33467

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
HUSSEY, LYNNE
STREET ADDRESS 12653 PERSIMMON BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33411

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
BROCARD, MAGGIE
STREET ADDRESS 3723 WOODS WALK BLVD
CITY-ST-ZIP LAKE WORTH FL 33467

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
FELDMAN, LEE
STREET ADDRESS 5365 QUACHITA
CITY-ST-ZIP LAKE WORTH FL 33467

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

561/968-3986

Daytime Phone #

CR2E037 (1/98)