FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name N9400000163 (5)

THE JUPITER PERFORMING ARTS COMPANY, INC.

FILED Mar 19 1996 8:00 am Secretary of State

Dringing Plans	of Ducinean	Molino Addrog			
		Mailing Address 1001 E. INDIANTOWN	DO.		
JUPITER FL 3		JUPITER FL 33477-21	_		
				3. Date Incorporated or Qualified 01/05/1994	3a. Date of Last Report 05/31/1995
2. Principal Place of Business		2a. Mailing Address		4. FE! Number	Applied For
21		26		65-0482193	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Counts		Zip Country		Trust Fund Contribution	Added to Fees
Z ₁ p	Country 25	29 ZIP	30	8. This corporation has liability for Florida Statutes []	Intangible tax under s. 199.032, ☐ Yes ☐ No
24	9. Name and Address of Currer			10. Name and Address of New R	
			81 Nam	e	
AKINS, F	RICHARD		82 Stree	ot Address (P.O. Box Number is Not Acceptab	do!
1001 INDIANTOWN RD.			62 Sile	of Add 635 (F.O. Dox National IS Not Addeptine	
JUPITER FL 33477-2191			83		
			84 City		FL 85 Zip Code
or registere	to the provisions of Sections 617.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	ida. Such change was author	ized by the corporation	corporation submits this statement for the purify board of directors. Thereby accept the app	pose of changing its registered office ointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agen	Cand the it approable (I	NOTE: Registerert Agent signatu	re required who is renistating	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	DC	☐ DELETE	11 TITLE		Change Addition
NAME	akins, richard		1.2 NAME		
STREET ADDRESS	1001 INDIANTOWN RD.		1.3 STREET ADDRES	S	
CHY+ST-ZIP	JUPITER FL	Floritie	14 Cli Y - Si - ZIP		Change Addition
TOTLE	D	DELETE	2.1 TITLE		Cliarige C Admitori
NAME	AKINS, JANINA		2.2 NAME		
STREET ADDRESS	1001 indiantown RD. Jupiter FL 33477-2191		2.3 STREET ADDRES	8	
CITY-ST-ZIP TITLE	D	☐ DELETE	2 4 CITY - ST - ZIF 3 1 TITLE		Change Addition
NAME	BARNES, EDGAR R		3.2 NAME		
STREET ADDRESS	151 ROYAL PALM WAY		3.3 STREET ADORES	s	
CITY - ST - ZIP	PALM BEACH FL 33480		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DEL £ ⊺ £	4.1 TITLE		☐ Change ☐ Addition
NAME .	WINSTEIN, HARRIS		4 2 NAME		
STREFT ADDRESS	2929 RHONE DR		4.3 STREET ADDRES	s	
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4.0/1Y-S1-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	BASKT, DANIEL L		5.2 NAME		
STREET ADDRESS	7717 S FLAGLER DR		5.3 STREET ADDRES	ss	
CITY+ST-2IP	W PALM BEACH FL		5.4 CITY - ST - ZIP		
TITLE	D	DELETE	61 TITLE		Change Addition
NAME	SUROWITZ, RON D.O.		62 NAME		
STREET ADDRESS	2185 RADNOR CT		6.3 STREET ADDRES	8	
CITY-ST-ZIP	JUNO ISLES FL	with this files is well-where the f	64 CITY-ST-ZIP	qualify for the exemption stated in Section 119	D7(3)(k) Florida Statutos I further
14. I do nereb	by certify triat trie information supplied tithe information indicated on this apri	- with this ning is voluntarily it must report or supplemental ar	amished and quesitor t noual report is tope and	accurate and that my signature shall have the	same legal effect as if made under

6. For onergy certify that the information supplied with this liting is voluntarily furnished and obesitor quality for the exemption stated in section 118.07 bigs, nordal statutes. For the certify that the information indicated on this annual report or suppliemental 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 codioration or the receivery. It 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 chapted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytine Phone #