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Feb 03 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 # **N94000000953 (9)**

1. Corporation Name

SYMPHONIC YOUTH OF FLORIDA, INC.



Principal Place of Business	Mailing Address
9861 W. SAMPLE RD CORAL SPRINGS FL 33065 US	9861 W. SAMPLE RD #200 CORAL SPRINGS FL 33065 US

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

3. Date Incorporated or Qualified	Applied For
02/24/1994	Not Applicable
4. FEI Number	
65-0468784	
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
MIRA S. HALPERT 3121 N.W. 108TH AVE. CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name Harris Lash
82 Street Address (P.O. Box Number is Not Acceptable) 9861 W-SAMPLE Rd. Ste 200
83
84 City Coral Springs FL 85 Zip Code 33065

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 <i>Harris Lash</i> DATE 1-13-98

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BECKER, LAURA
STREET ADDRESS	3130 N.W. 111TH AVENUE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	SD
NAME	STEINER, ROBIN
STREET ADDRESS	6685 N.W. 74TH COURT
CITY-ST-ZIP	PARKLAND FL
TITLE	D
NAME	HALPERT, MARK H
STREET ADDRESS	3121 NW 108TH DR.
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	VD
NAME	FOLEY, DAN
STREET ADDRESS	8306 N.W. 35TH COURT
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	D
NAME	CARMEN NEWSTREET
STREET ADDRESS	3877 NW 82ND WAY
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	PD
NAME	LASH, HARRIS
STREET ADDRESS	505 N.W. 108TH TERRACE
CITY-ST-ZIP	PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Change Addition
1.2 NAME	Richard Chapman
1.3 STREET ADDRESS	2512 S. 30th Ave
1.4 CITY-ST-ZIP	Hallandale FL 33009
2.1 TITLE	Change Addition
2.2 NAME	Frank Lomagistro
2.3 STREET ADDRESS	5511 E. Lientner Drive
2.4 CITY-ST-ZIP	Coral Springs FL
3.1 TITLE	Change Addition
3.2 NAME	Virginia Prystowski
3.3 STREET ADDRESS	11160 NW 36ct.
3.4 CITY-ST-ZIP	CORAL SPRINGS FL
4.1 TITLE	Change Addition
4.2 NAME	Joan Mayes
4.3 STREET ADDRESS	623 NW 47 Ter.
4.4 CITY-ST-ZIP	Deerfield FL
5.1 TITLE	Change Addition
5.2 NAME	Jeanne Halberg
5.3 STREET ADDRESS	10142 NW 17th
5.4 CITY-ST-ZIP	CORAL SPRINGS FL
6.1 TITLE	Change Addition
6.2 NAME	Jackie Prince
6.3 STREET ADDRESS	1604 Cypress Pointe Drive
6.4 CITY-ST-ZIP	CORAL SPRINGS FL

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.
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SIGNATURE: <i>NATURAL JURE</i>	1-13-98	954-742-4713
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CR2E037 (10/97)