FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

JUN -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002791 (1)**

1. Corporation Name
FLORIDA GRAND OPERA, INC.

Principal Place of Business	Mailing Address
1200 CORAL WAY MIAMI FL	1200 CORAL WAY MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report:
4. FEI Number: 65-0496477 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~VALDES-FAULI CORPORATE SERVICES, INC.~~ or
2 S. BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature of new registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	AGUIRRE, HORACIO	12 NAME	
STREET ADDRESS	1200 CORAL WAY	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FELTENSTEIN, SIDNEY J	22 NAME	
STREET ADDRESS	1200 CORAL WAY	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HARDIN, CLARA K	32 NAME	
STREET ADDRESS	1200 CORAL WAY	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HECHT, FLORENCE	42 NAME	
STREET ADDRESS	1200 CORAL WAY	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HERRON, JAMES M	52 NAME	
STREET ADDRESS	1200 CORAL WAY	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HILLS, LEE	62 NAME	
STREET ADDRESS	1200 CORAL WAY	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Barbara A. Lombardo 04/24/95 305-854-1643
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number
Barbara A. Lombardo, Recording Secretary

0042812

LE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # **N94000002910 (7)**

1. Corporate Name

SPEC MARTIN STADIUM RENOVATION, INC.

APPROVED
FILED
97 MAY -1 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4168 N GRANDVIEW AVENUE DELAND FL 32720	4168 N GRANDVIEW AVENUE DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1994
3a. Date of Last Report:
4. FEI Number: 59-3256809 — ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 4168 N. GRAND AVE.	26 P.O. BOX 4523
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Deland, FLORIDA	28 City & State: Deland, FLORIDA
24 Zip: 32720 — 25 Country: USA	29 Zip: 32723-4523 — 30 Country: USA

9. Name and Address of Current Registered Agent

DYKES, JOE G
145 E RICH AVENUE
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name: Stephen BLAIS
82 Street Address (P.O. Box Number is Not Acceptable): 4168 N. GRAND Avenue
83
84 City: Deland — FL — 85 Zip Code: 32720

11. Pursuant to the provisions of Sections 605.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Stephen Blais, President — DATE: 4-20-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)	
TITLE	PD	71 TITLE	☐ Change ☐ Addition
NAME	BLAIS, STEVEN	72 NAME	
STREET ADDRESS	4168 N GRANDVIEW AVENUE	73 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	74 CITY-ST-ZIP	
TITLE	VD	75 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, WILLIAM	76 NAME	
STREET ADDRESS	303 GOOSECREEK DRIVE	77 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	78 CITY-ST-ZIP	
TITLE	STD	79 TITLE	☐ Change ☐ Addition
NAME	HARDESTY, KATHY	80 NAME	
STREET ADDRESS	795 TORCHWOOD DRIVE	81 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	82 CITY-ST-ZIP	
TITLE		83 TITLE	☐ Change ☐ Addition
NAME		84 NAME	
STREET ADDRESS		85 STREET ADDRESS	
CITY-ST-ZIP		86 CITY-ST-ZIP	
TITLE		87 TITLE	☐ Change ☐ Addition
NAME		88 NAME	
STREET ADDRESS		89 STREET ADDRESS	
CITY-ST-ZIP		90 CITY-ST-ZIP	
TITLE		91 TITLE	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY-ST-ZIP		94 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Stephen BLAIS — 4-20-95 — (904) 736-2880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031110