


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90206 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006339

1. Corporation Name

YOUNG ARTIST'S CHAMBER ORCHESTRA, INC.

Principal Place of Business
 8534 NW 21 MANOR
 CORAL SPRINGS FL 33071

Mailing Address
 8534 NW 21 MANOR
 CORAL SPRINGS FL 33071



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/29/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0547722	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
25		29		30	
25		29		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HELLER, RICHARD D C/O TRIPP, SCOTT, CONKLIN & SMITH 110 S.E. 6TH ST., 28TH FL, 110 TOWER FT LAUDERDALE FL 33302		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DOWNING, BRENDA R.	1.2 NAME	Sankin, Lesley	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	8534 NW 21 MANOR	1.3 STREET ADDRESS	1749 NW 88 Way	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Coral Springs, FL 33071	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	D	2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PRICE, JAMES	2.2 NAME	Linda Dickens	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	8900 NW 77 CT APT 121	2.3 STREET ADDRESS	4733 N.W. 9.6 Dr.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	Coral Springs, FL 33076	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	D	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWMAN, MARVIN	3.2 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	3430 SADDLEBROOK LANE	3.3 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	FT LAUDERDALE FL 33331	3.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	D	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWMAN, GAIL D	4.2 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	3430 SADDLEBROOK LANE	4.3 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	FT LAUDERDALE FL 33331	4.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	D	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BYO, SUSAN J.	5.2 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	1021 NW 107 AVE.	5.3 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	PLANTATION FL 33322	5.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	D	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMMONS, WENDELL	6.2 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	5240 SW 4 CT.	6.3 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	PLANTATION FL 33317	6.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

954-796-6949

Date

Daytime Phone #

CR2E037 (11/98)