

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90004 036 ***150.00

DOCUMENT # **N95000.002922**

1. Corporation Name

DUR MUSIC SCHOOL OF THE ARTS, INC.

Principal Place of Business

2200 N. FLA. MANGO

2nd Floor

West Palm Bch, FL 33409

Mailing Address

2200 N. FLA. MANGO

2nd Floor

West Palm Bch, FL 33409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 630 U.S. HIGHWAY 1

Suite, Apt. #, etc.

22 STE. 205

City & State

23 North Palm Bch, FL 33408

Zip Country

24 25 29 30

2a. Mailing Address

26 630 U.S. HIGHWAY 1

Suite, Apt. #, etc.

27 STE. 205

City & State

28 North Palm Bch, FL 33408

Zip Country

29 30

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

65-0588512

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 Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐ Yes☐ No

9. Name and Address of Current Registered Agent

SLAVIN, MICHAEL A

4440 PGA BLVD., STE. 402

PALM BEACH, GARDENS, FL 33410

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Durr, NICOLE

STREET ADDRESS 1016 No. Dixie Hwy., Ste. 1

CITY-ST-ZIP West Palm Bch., FL 33401

TITLE ☐ DELETE

NAME D BIELSKI, KAREN

STREET ADDRESS 2389 Palm Harbor Drive

CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE ☒ DELETE

NAME D CORIATY, EHAB H

STREET ADDRESS 1016 N. Dixie Hwy., Ste. 1

CITY-ST-ZIP West Palm Beach, FL 33401

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Durr, NICOLE

1.3 STREET ADDRESS 630 U.S. HIGHWAY 1, STE. 205

1.4 CITY-ST-ZIP North Palm Beach, FL 33408

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D BIELSKI, KAREN

2.3 STREET ADDRESS 630 U.S. HWY 1, STE. 205

2.4 CITY-ST-ZIP North Palm Beach, FL 33408

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME BARONCELLI, MARGARET

3.3 STREET ADDRESS 630 U.S. HIGHWAY 1, STE. 205

3.4 CITY-ST-ZIP North Palm Beach, FL 33408

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/99 561-882-0686

Date

Daytime Phone #

CR2E034 (11/98)