

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003274 (6)

1. Corporation Name

THE DOWNTOWN CENTER FOR THE ARTS, INC.

Principal Place of Business

4621 NORTHEAST 5 AVENUE
FORT LAUDERDALE FL 33334

Mailing Address

4621 NORTHEAST 5 AVENUE
FORT LAUDERDALE FL 33334



3. Date Incorporated or Qualified

07/11/1995

3a. Date of Last Report

2. Principal Place of Business

21. *Ch Art Serve Inc.*

2a. Mailing Address

26. *Same*

Suite, Apt., etc.

Suite, Apt., etc.

22. *1350 E. Sunrise Blvd #134*

City & State

City & State

23. *Ft. Laud. FL*

Zip

Country

Zip

Country

24. *33334*

25. *Broward*

29.

30.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name

Cheryl Landers

82. Street Address (P.O. Box Number is Not Acceptable)

1350 E. Sunrise Blvd.

83.

Suite 134

84. City

Ft. Laud.

FL

85. Zip Code

33334

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

Cheryl Landers

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

(NOTE: Registered Agent signature required when reinstating)

July 9, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LANDERS, CHERYL A
STREET ADDRESS 4621 NORTHEAST 5 AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33334 ☐ DELETE

TITLE VD
NAME TOROK, MICHAEL D
STREET ADDRESS 4621 NORTHEAST 5 AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33334 ☐ DELETE

TITLE S
NAME WELCH, SALLY
STREET ADDRESS 4621 NORTHEAST 5 AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33334 ☒ DELETE

TITLE TD
NAME JUDD, MARK
STREET ADDRESS 4621 NORTHEAST 5 AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33334 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS *1350 E. Sunrise Blvd. Suite 134*
1.4 CITY-ST-ZIP *Ft. Laud., FL. 33334*

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS *1350 E. Sunrise Blvd. Suite 134*
2.4 CITY-ST-ZIP *Ft. Laud., FL. 33334*

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME *S Levers, Sally*
3.3 STREET ADDRESS *1350 E. Sunrise Blvd. Suite 134*
3.4 CITY-ST-ZIP *Ft. Laud., FL. 33334*

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME *Charles Herrick, Charles*
4.3 STREET ADDRESS *1350 E. Sunrise Blvd. Suite 134*
4.4 CITY-ST-ZIP *Ft. Laud., FL. 33334*

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 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)(k), 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:

Cheryl Landers *Cheryl Landers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 9, 1996

DATE

954-491-3025

DAYTIME PHONE #

CR2E037 (3/96)