

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
 4. FEI Number: 65-0594007
 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
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. Corp Art Serve Inc. 22. 1350 E. Sunrise Blvd #134 23. Ft. Laud. Fl. 24. 33334
 2a. Mailing Address: 26. Same 27. Suite, Apt. #, etc. 28. City & State 29. Zip 30. Country
 25. Broward

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

DATE: July 9, 1996

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LANDERS, CHERYL A	
STREET ADDRESS	4621 NORTHEAST 5 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TOROK, MICHAEL D	
STREET ADDRESS	4621 NORTHEAST 5 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WELCH, SALLY	
STREET ADDRESS	4621 NORTHEAST 5 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JUDD, MARK	
STREET ADDRESS	4621 NORTHEAST 5 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 July 9, 1996 954-491-3025
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)