

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000884 (4)

1. Corporation Name
JACKSONVILLE BALLET THEATRE, INC.



Principal Place of Business	Mailing Address
10151 DEERWOOD PARK BLVD. BLDG 100 SUITE 200 JACKSONVILLE FL 32256	10151 DEERWOOD PARK BLVD. BLDG 100 SUITE 200 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified	02/16/1996
4. FEI Number	59-3362783
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Lisa Travis	26 c/o Lisa Travis
Suite, Apt. #, etc. 22 2061 Matefield Road	Suite, Apt. #, etc. 27 2061 Matefield Road
City & State 23 Jacksonville Florida	City & State 28 Jacksonville, Florida
Zip 24 32225	Country 25
Country 25	Zip 29 32225
Country 25	Country 30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DILLINGHAM, PHILLIP
 10151 DEERWOOD PARK BLVD.
 BLDG 100 SUITE 200
 JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name	James V. Walker
82 Street Address (P.O. Box Number is Not Acceptable)	
83	217 Ponte Vedra Park Blvd. Suite 200
84 City	Ponte Vedra Beach
85 Zip Code	FL 32082

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: *James Walker* DATE: 7-8-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COFFMAN, MICHAEL E	
STREET ADDRESS	1828 SAN MARCO PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MELLION, DORIS	
STREET ADDRESS	1235 ORIENTAL GARDENS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANAYA, DULCE	
STREET ADDRESS	5516 KEYSTONE DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PEREZ, MILLIE C	
STREET ADDRESS	7837 LOS ROBLES CR.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRICKLAND, LINDA	
STREET ADDRESS	563 BLANDING BLVD #106	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DILLINGHAM, PHILLIP I	
STREET ADDRESS	10151 DEERWOOD PK BLVD BLDG 100 STE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *Dulce Anaya* DATE: 7-11-98

CR2E037 (5/98)