

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90042 043 \*\*\*\*61.25

DOCUMENT # N96000004433

1. Corporation Name

SOUTH FLORIDA OPERA COMPANY, INC.

Principal Place of Business

14587 HALTER ROAD  
WELLINGTON FL 33414

Mailing Address

14587 HALTER ROAD  
WELLINGTON FL 33414

409/11-90042-43



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/22/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0707422	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				8.75 Additional Fee Required	
6. Election Campaign Financing				5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent

PHILLIPS, STEPHEN R  
1555 PALM BEACH LAKES BLVD. STE 1501  
NATIONSBANK TOWER  
WEST PALM BEACH FL 33401

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 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

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	D	<input type="checkbox"/> DELETE
NAME	PACE, FRANCESCO	
STREET ADDRESS	14587 HALTER ROAD	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOYNTON, BENJAMIN G	
STREET ADDRESS	12797A W FOREST HILL BLVD	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MERRILL, SARAH A	
STREET ADDRESS	16141 PRAIRIE DRIVE E	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KUIPERS JR, WILLIAM E	
STREET ADDRESS	2502 MUIR CIRCLE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOLTON, LINDA	
STREET ADDRESS	1986 SO CLUB DR	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DILLON, JUDITH	
STREET ADDRESS	12770 WESTPORT CIRCLE	
CITY-ST-ZIP	WELLINGTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREAS - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TAYLOR, EDWIN T.	
1.3 STREET ADDRESS	12744 MEADOWBREEZE DR,	
1.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-20-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #