SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

199%



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretar State DIVISION OF CORPORATIONS

DOCUMENT #	N9600005555	(5



98 OCT - 1 AM 9:53

SECRETARY OF STATE

1. Corporatio	Corporation Name					ALLAHASSEE, FLORIDA			
World Percussion Festival - Fort Lauderdale, Inc									
TOTILL	LIIOU	SOION I COTTANE	OIT LAUDETIDALL,	INO	- 1	. I HANDIA DIE HAND AUDI AGDI AGDI DADI A		INIAN ANN ARTS	
•					1				
Principal Plac	e of Busines	s	Mailing Address			0 148111101 BIO IDII BIIII DAIII BAIII BAIII BAIII B	. 0 ()() 20 30 0 ()61 0 (30)		
2924 NW 48TH ST		2924 NW 48TH ST		1	THE RADIO OF A STEEL AS	COLD TO A STATE OF A	1 00		
FT LAUDERDALE FL 33309		FT LAUDERDALE FL 33309		1	HENSTATEM		1-UX		
						DO NOT WHITE III	a. Date of Last R	enort	
						10/24/1996	10/28/9	,	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		oplied For		
21 5320 Queen Lake Terr.		26 340 NE 170st			65-0709432 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional		
22 –		27 Suite #102			5. Certificate of Status Desired	Fee Re	quired		
City & State			City & State			6. Election Campaign Financing	\$5.00		
23 Davi	e, FL		28 N.Miami I			Trust Fund Contribution	Added t	to Fees	
Zip		Country	Zip	Country	أيضما	8. This corporation owes or has paid th			
24 3333		and Address of Current I		30 Miami-D		Personal Property Tax due June 30. 10. Name and Address of New Registe		No No	
	y, Name	and Address of Current I	Jagistered Adeiit	B1 Name		10. Name and Address of New Registr	alad wieur		
11/47001		. m		1 1 / 1					
	N, RIC HARD) B		82 Street	Addres	s (P.O. Box Aumber is Net Acceptable)	CREES.		
	170TH ST			83	-10/08/98- -0 1013002				
MIAMI FL	L 33162				****306.25 ****306.25				
				84 City				Code	
11 Pursuant	to the provis	ions of Sections 617 0502	and 617 1508. Florida Statute	e the above-named	corpor			e togistered	
office or r	registered ag	ionl, or both, in the State of	Florida. Such change was a	ulhorized by the corp	oration	ation submits this statement for the purpor's board of directors. I hereby accept the	e app ointment as	registered	
!	ım tam iliar wi	in, and accept the obligation	ons of, Section 617.0503, Flo	rida Statutes.					
SIGNATURE .	Signature, typed	or printed name of registered agent a	and tille il applicable. (NOTE	Registered Agent signature	rou.ired y	when reinstating) 9/24/	98 8		
12.		OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	IS IN 12	
TITLE	D		DELETE	1.1 TITLE	M		2. Change	Addition	
NAME	MAYONE	, GARY	- 1	1.2 NAME		chard Bradshaw Wat	son		
STREET ADDRESS		48TH ST		1.3 STREET ADDRESS	34	0 NE 170st			
CITY-ST-ZIP	FT LAUD	ERDALE FL 33309		1.4 CITY-ST-ZIP	N.	Miami Beach, FL 3	3162		
TITLE	D		DELETE	2.1 TITLE	D		Change	★ Addition	
NAME	TONG, J	ENNIFER	•	2.2 NAME		racl Ramirez		J	
STREET ADDRESS	1275 SW	/ 46TH AVE #903		2.3 STREET ADDRESS		20 Queen Lake Terr	•		
CITY-ST-ZIP	POMPAN	IO BEACH FL 33069		2. 4 CITY - ST - ZIP	Day	vie, FL 3333)			
TITLE	D		☐ DELETE	3.1 TITLE	S		Change	Addition	
NAME		I, RICHARD B		3.2 NAME		ry Mayone			
STREET ADDRESS		170TH ST, SUITE 101		3.3 STREET ADDRESS		24 NW 48 St.]	
CITY-ST-ZIP	MIAMI F	. 33162		3.4. CITY-ST-ZIP		Laud., FL 33309			
TITLE			DELETE	4.1 TITLE	D		_ Change	Addition	
NAME •				4 2 NAME		cky Neiswander		J	
STREET ADDRESS				43 STREET ADDRESS	11:	21 NE 17 Way, Apt.	1	[
CITY-SI-ZIP			Dr. per	4.4 CITY - ST - ZIP		Laud., FL 33304		No. Per	
THILE			☐ DELETE	5.1 TITLE	D	00 m . 11	Change	Addition عبر	
NAME				5.2 NAME		99 Faulks	_		
STREET ADORESS				5.3 STREET ADDRESS	228	31 Sherman Circle,	S. Apt.	#B511	
CITY-ST-ZIP			☐ DELETE	5.4 CITY-ST-ZIP		ramar, FL 33025	Chronica	L Addition	
TITLE			L_1 DECENE	6.1 TITLE 6.2 NAME	D	rlan Maare	∐ Climange	Addition	
DAME I				■ D.Z DIAMIT	191 Ed 7	r x c (() 1755)/) 7 63	* 'VE /	, n w 1	

STREET ADDRESS
CITY-ST-ZIP

14. I do 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 recoiver or trusted 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.

SACRIGINAL REGIMBED $0.75 \times 700 = 205 = 651 = 2229$