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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000001679 (6)

APPROVED AND

98 JUN -5 PM 3: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Sulte, Apt. #, etc. 22 City & State City & State Zip Country Country Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? Yes You No Country 8. This corporation owes or has paid the current year Intangible	i. Corporatio	ii (Alabilia	•	•		1		
Maring Address 300 WEST KENNEPU'S DOLLEVARD. UNIT G TAMPA R. 38099 2. Pincipal Pileos of Business 2. Amaining Address 2. Amaining Address 3. Cry & Sistes 2. Suits, Apt. #, etc. 2. Cry & Sistes 3. Cry & Sistes 4. Cry & Sistes 5. Creditated and Address of Coursett Pagnitured Agent 4. Cry & Sistes 4. C	MC ARTS FOUNDATION, INC.					E INCHIAL DIE HITH LIBIT GENU EDIN EIN TEN	ERIRI HIKKO OKHI KOSIN IRHI IRAI	
3. Date Incorporated or Qualified 33(26) 1997 4. FET INTRODUCE VARIO. UNIT G 1. Applied For ST - 79 43 50 2.2. 3. Principal Place of Business 2. Amiling Address 2. Applied For ST - 79 43 50 2.2. 3. Entring Address 3. Suite. Apr. #. etc. 2. City & State 2. Display State 2. Display State 2. Display State 2. Display State 3. Display Foundation of Status Desired 3. Display Foundation of State Des	Principal Place of Business Mailing Address							
TAMPA FI, 39809 TAMPA	<u> </u>							
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Solid, Apt. 4, etc. Solid, Apt. 4, etc. 25 25 25 25 25 25 25 2	21		26			5. Certificate of Status Desired	7-11-1	
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Zip Country 2.p Country 2.p Country 8. This corporation response or has paid the outrent year intendpible Personal Property Tax due June 30.				D		· · ·		
Solution	Zip	Country	Zıp	Countr	у	8. This corporation owes or has paid the d	current year Intangible	
AMERILAWYER CHARTERED 343 ALMERA AVENUE CORAL GABLES FL 33134 B2 Street Address (P.O. Box Number is Not Acceptable) B3 Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code 44 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 617.0502 and 617.1508, Horida Statutes, the above named corporation submits this statement for the purpose of changing list registered effice or registered agent, or both in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered general and accept the objection of 17.0509, Florida Statutes. SIGNATURE SIGNATURE 950 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSD MAKE SIRECT ADDRESS SIRECT ADDRESS SOI WEST KENNEDY BOULEVARD, UNIT G 13. SIRECT ADDRESS 14. CITY 91.29 DELETE 13. TITLE DELETE 13. TITLE DELETE 14. CITY 91.29 DELETE 15. TITLE DELETE 3. TITLE DELETE 15. TITLE DELETE 3. TITLE DELETE 15. TITLE DELETE 3. TITLE DELETE 3. TITLE DELETE 15. TITLE DELETE 3. TITLE DELETE 3. TITLE DELETE 15. TITLE DELETE 3. TITLE DE	24			30				
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 84 City FL 65 Zip Code 11. Pursuant to the provisions of Socions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lits registered agent, or both, in the Statute of Florida, Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agent, and account the obligations of, Socion 617.0502 and 617.1508, Florida Statutes. SIGNATURE Signa		9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
343 ALMERIA AVENUE CORAL CABLES FL 33134 Ba				81	Name			
CORAL GABLES FL 33134 B3					Street A	ddress (P.O. Box Number is Not Acceptable)		
Section Sections							·	
11. Pursuant to the provisions of Socions 617.0502 and 617 1508, Florida Statules, 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, or both, in the State of Florida Statules. SIGNATURE SIGNATURE PSD	CORAL GABLES FL 33134			83	1		}	
11. Pursuant to the provisions of Socions 617 05002 and 617 1508. Florida Statutes, the ehove-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Socion 617 0503, Florida Statutes. SIGNATURE Signature				84	City		85 Zip Code	
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SIGNATURE Signature (sector privade from the registered agent in control to the sector in sector	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							
Signature fund for princh for indifference and prinched in proposations from promised prinched recognized when remainstring) DATE	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
12.	SIGNATURE .	1 au Sil	<u> </u>	NT D- Interest A		DATE		
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		certify that the information supplied v	ith this filing does not qualify			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:

870-6233