

FILE NOW: FILING FEE IS \$61.25

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Jul 02 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 # **N97000003943 (4)**
1. Corporation Name

CULTURAL ARTS RESEARCH ENSEMBLE, INC.



Principal Place of Business 412 NORTH PINE HILLS ROAD ORLANDO FL 32811	Mailing Address 412 NORTH PINE HILLS ROAD ORLANDO FL 32811
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 7255 HIAWASSEE OAKS DR Suite, Apt. #, etc. 27 City & State 28 ORLANDO FLORIDA Zip 29 32818 Country 30 ORLANDO
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3. Date Incorporated or Qualified 07/09/1997	4. FEI Number 59-3457738	Applied For <input type="checkbox"/> Not Applicable
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 checked="" 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 COLEMAN, JULIE 412 NORTH PINE HILLS ROAD ORLANDO FL 32811

10. Name and Address of New Registered Agent 81 Name Jimmy R. Coleman 82 Street Address (P.O. Box Number is Not Acceptable) 7255 HIAWASSEE OAKS DR 83 City Orlando FL 85 Zip Code 32818
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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 _____ DATE **4-14-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Pres & CEO D Jimmy R. Coleman 7255 HIAWASSEE OAKS DR ORLANDO FL 32818
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres D Patricia Beckford 1423 SCARISBAW CT ORLANDO FL 32806
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Treasurer D Monet Cole 5001 Fairbrook Path Stone Mountain GA 30058
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Secretary D Ronita Sanders 4519 Lennox Av Orlando FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an

SIGNATURE: _____ DATE **4-14-98**

CR2E037 (10/97)