


FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90132 042 ****61.25

0062459

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N97000004018

1. Corporation Name
NEW ATLANTIS FESTIVALS, INCORPORATED

Principal Place of Business 2323 DEL PRADO BLVD., STE. 7 CAPE CORAL FL 33990	Mailing Address 2323 DEL PRADO BLVD., STE. 7 CAPE CORAL FL 33990
--	--



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/15/1997
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0754085
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHIPP, THOMAS E JR. 4223 DEL PRADO BLVD. CAPE CORAL FL 33904		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMINGWAY, HILARY	1.2 NAME	
STREET ADDRESS	2323 DEL PRADO BLVD., STE. 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNEN, CARLENE	2.2 NAME	
STREET ADDRESS	2323 DEL PRADO BLVD., STE. 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	D VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMINGWAY, MINA	3.2 NAME	HEMINGWAY, MINA
STREET ADDRESS	2323 DEL PRADO BLVD., STE. 7	3.3 STREET ADDRESS	2323 Del Prado Blvd., Ste. 7
CITY-ST-ZIP	CAPE CORAL FL 33990	3.4 CITY-ST-ZIP	Cape Coral, FL 33990
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUNDLICH, JEFREY	4.2 NAME	
STREET ADDRESS	2323 DEL PRADO BLVD., STE. 7	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WOOD, KATHY
STREET ADDRESS		5.3 STREET ADDRESS	2323 Del Prado Blvd., Ste. 7
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Cape Coral, FL 33990
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Hilary Hemingway 4/30/99 (941)945-0308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)