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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000004663					
1. Corporation Name THE TOWNSHIP CENTER FOR THE PERFORMING ARTS, INC					
Principal Place of Business 2424 LYONS ROAD COCONUT CREEK FL 33066			Mailing Address 2424 LYONS ROAD COCONUT CREEK FL 33066		
2. Principal Place of Business 21 Suite, Apt. #: etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #: etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/15/1997 4. FEI Number 65-0781633 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent COE, DAVID 2424 LYONS ROAD COCONUT CREEK FL 33066			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME LEMELBAUM, LARRY STREET ADDRESS 2424 LYONS ROAD CITY-ST-ZIP COCONUT CREEK FL 33066 TITLE <input checked="" type="checkbox"/> DELETE NAME BUND, HELEN STREET ADDRESS 2424 LYONS ROAD CITY-ST-ZIP COCONUT CREEK FL 33066 TITLE <input type="checkbox"/> DELETE NAME FRANK, LEONARD STREET ADDRESS 2424 LYONS ROAD CITY-ST-ZIP COCONUT CREEK FL 33066 TITLE <input type="checkbox"/> DELETE NAME ABRAMSKY, NORMAN STREET ADDRESS 2424 LYONS ROAD CITY-ST-ZIP COCONUT CREEK FL 33066 TITLE <input type="checkbox"/> DELETE NAME KRIEG, SHELLY STREET ADDRESS 2424 LYONS ROAD CITY-ST-ZIP COCONUT CREEK FL 33066 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME SONSKY, SONNY 2.3 STREET ADDRESS 2424 Lyons Road 2.4 CITY-ST-ZIP COCONUT CREEK, FL 33066 3.1 TITLE TREASURER <input checked="" 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 VICE PRESIDENT <input checked="" 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		

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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: Leonard Frank **SIGNATURE REQUIRED** 1/13/99 954-923-8099
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #