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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000004824					
1. Corporation Name UNITED STATES CIRCUS ARTS PROGRAM, INC.					
Principal Place of Business POST OFFICE BOX 22264 SARASOTA FL 34276-5264			Mailing Address C/O CHRISTOPHER C. NASH 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33951		



2. Principal Place of Business		2a. Mailing Address Jack O. Hackett II		3. Date Incorporated or Qualified 08/18/1998	
21. Suite, Apt. #, etc.	26. P.O. Drawer 511447	27. 115 West Olympia Avenue		4. FEI Number 65-0360993	Applied For <input type="checkbox"/> Not Applicable
22. City & State	28. Punta Gorda, Florida 33951	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip		30. Country	

9. Name and Address of Current Registered Agent NASH, CHRISTOPHER C FARR, FARR, EMERICH, ET. AL. 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
81. Jack O. Hackett II, Esquire				82. 115 W. Olympia Avenue	
83. City				85. Zip Code	
83. Punta Gorda,				85. FL 33951	

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS
PD	MCCREEDY, WILLIAM J II	20201 BACHMANN BLVD.	VD		
CITY-ST-ZIP	PORT CHARLOTTE FL 33954		1.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS
STD	JOHNSON, DONNA	20201 BACHMANN BLVD.	SD	Gaona, Sylvia	432 Spadaro Drive
CITY-ST-ZIP	PORT CHARLOTTE FL 33954		2.4 CITY-ST-ZIP	Venice, FL	34285
TITLE	NAME	STREET ADDRESS	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS
VD	SUAREZ, MARIA G	429 DARLING DRIVE	TD		
CITY-ST-ZIP	VENICE FL 34285		3.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS
			VD	Gaona, Armando	432 Spadaro Drive
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Venice, FL	34285
TITLE	NAME	STREET ADDRESS	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
			PD	Gaona, Victor	432 Spadaro Drive
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Venice, FL	34285
TITLE	NAME	STREET ADDRESS	6.1 TITLE	6.2 NAME	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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-16-99(941)624-4216
 Date Daytime Phone #

CR2E037 (1/98)