SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01621 (2)

1. Corporation Name

THE PERFORMING ARTS PRESENTATION GROUP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1531 DREXEL RD. STE. 421 W. PALM BCH. FL 33417 US	1531 DREXEL RD. #421 W. PALM BCH. FL 33417 US

3. Date Incorporated or Qualified: 04/16/1984
3a. Date of Last Report: 07/19/1994
4. FEI Number: 13-2997748 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MEYER, DR. LILLIAN E.
910 N.E. 91 TERRACE
MIAMI SHORES FL 33138

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 _____ 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	P	11 TITLE	☐ Change ☐ Addition
NAME	HATTON, ED	12 NAME	
STREET ADDRESS	1500 N. CONGRESS AVE., B-39	13 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	COUGHLIN, PAUL	22 NAME	
STREET ADDRESS	5 MINNETTA ST.	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	WASSELL, MARILYN	32 NAME	
STREET ADDRESS	1500 N. CONGRESS AVE., B-39	33 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	VITAGLIANO, JOSEPH	42 NAME	
STREET ADDRESS	1532 DREXEL RD., 421	43 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	44 CITY-ST-ZIP	
TITLE	DS	51 TITLE	☐ Change ☐ Addition
NAME	MEYER, DR. LILLIAN E.	52 NAME	
STREET ADDRESS	910 N.E. 91 TERRACE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	54 CITY-ST-ZIP	
TITLE	DT	61 TITLE	☐ Change ☐ Addition
NAME	INGLIS, WILLIAM J.	62 NAME	
STREET ADDRESS	1531 DREXEL ROAD 421	63 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: William J. Inglis WILLIAM J. INGLIS D.T. 7/22/95 407-471-8389
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0011130