

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P01621 (2)

1. Corporation Name

THE PERFORMING ARTS PRESENTATION GROUP, INC.



Principal Place of Business

1531 DREXEL RD.
STE. 421
W. PALM BCH. FL 33417
US

Mailing Address

1531 DREXEL RD.
#421
W. PALM BCH. FL 33417
US

3. Date Incorporated or Qualified
04/16/1984

3a. Date of Last Report
07/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYER, DR. LILLIAN E.
~~910 N.E. 91 TERRACE~~
MIAMI SHORES FL 33198

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8433 S.E. DOUBLE TREE DR.

83

84

CITY HOBE SOUND,

FL

85 Zip Code

33455

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	HATTON, ED	1500 N. CONGRESS AVE., B-39	W. PALM BCH. FL	
V	COUGHLIN, PAUL	5 MINNETTA ST.	NEW YORK NY	
ST	WASSELL, MARILYN	1500 N. CONGRESS AVE., B-39	W. PALM BCH. FL	
D	VITAGLIANO, JOSEPH	1532 DREXEL RD., 421	W. PALM BCH. FL	
DS	MEYER, DR. LILLIAN E.	910 N.E. 91 TERRACE	MIAMI SHORES FL	
DT	INGLIS, WILLIAM J.	1531 DREXEL ROAD 421	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	8433 S.E. DOUBLE TREE DR.
5.4 CITY - ST - ZIP	HOBE SOUND, FL 33455
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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 - DT 4/16/96 407-471-8389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)