FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000052366 (7)

JUNE MYERS SCHOOL FOR THE PERFORMING ARTS, INC.

FILED Feb 02 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address								
3017 NO MICHIGAN AVE 3017 NO MICHIGAN AVE			Æ					
KISSIMMEE FL 34744		KISSIMMEE FL 34744				DO NOT MIDITE IN THIS OF		
						DO NOT WRITE IN THIS SE	ACE	
						3. Date Incorporated or Qualified 06/18/1996		
2. Principal Place of	of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				59-3386465	N	ot Applicable
Suite, Apt. #, etc),	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	∸ Fee R	equired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes or has paid the curre		
24	25	29	30					No No
	Name and Address of Curren		30	1		10. Name and Address of New Registered A		
	i, WILLIAM	t riogistorios rigorii		81	Name	10. 112.110 21.2 / 12.200 01 11011 1103.0101017		
	•			1,	1101110	•		
	K LAKE DR	•	82 Street			ress (P.O. Box Number is Not Acceptable)		
Spring	HILL FL 34603		<u> </u>					
•				83				
				84	City	FL	85 Zip	Code
11. Pursuant to the	provisions of Sections 607.050.	2 and 607.1508, Florida Stat	utes, the a	bove	e-named corp	poration submits this statement for the purpose of c	hanging i	ts registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.								
SIGNATURE	re, typed or printed name of registered age	nt and title it applicable (N	OTF Register	ed Ane	of signature requir	red when reinstating) DATE		
12.	OFFICERS AND		13.		in anginaran o rangaw	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	RS IN 12
TITLE PL				1.1 TITLE			Change	Addition
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NAME			3.2 N/					
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14. Thereby certify	that the information supplied wi	ith this filing does not qualify	tor the ex	embi	tion stated in	Section 119.07(3)(i), Florida Statutes. I further cert	ny man me	s a normanon

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the informatio 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MANATURE PERFER

1/26/98

CR2E034 (10/9)