## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham +

Secretary of State
DIVISION OF CORPORATIONS

C/O ZINOBER & McCREA P.A.

DOCUMENT # 7

Principal Place of Business

723743

(1)

Mailing Address

201 E. KENNEDY

LAS DAMAS DE ARTE, INC.

C/O ZINOBER & McCREA, P.A 201 E. KENNEDY

## TAMPA FL 33602-5181 TAMPA FL 33602 3. Date Incorporated or Qualified 3a. Date of Last Report US 06/23/1972 02/16/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3182355 Not Applicable 26 21 Suite Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SILVERMAN, SCOTT 82 Street Address (P.O. Box Number is Not Acceptable) 201 E. KENNEDY BLVD 83 **TAMPA FL 33602** 84 City Zip Code 85 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 little if applicable DATE (NOTE. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12 13 DELETE TITLE 1.1 TITLE ✓ Change Addition IRENE POTTER TOWERY, GENE 1.2 NAME NAME 420 S. MATANZAS AVE 12401 CALUSA LANE 1.3 STREET ADDRESS STREET ADDRESS THONOTOSASSA FL TAMPA FL 33609 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE V Change ☐ Addition TITLE POTTER, IRENE ROBERTA SCHOFIELD 2.2 NAME NAME 420 S MATANZAS P.O. BOX 10561 (N/A) 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL TAMPA FL 2. 4 CITY - ST - ZIP 33679 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE D **BIBB. DOROTHY** 3.2 NAME JANA KOCH NAME 10908 CARROLLWOOD DRIVE 4916 ANDROS DR 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 3,4. CITY-ST-ZIP TAMPA FL 33629 CITY - ST - ZIP DELETE V Change Addition TITLE 4.1 TITLE SEAY, IRENE TONI GOICDECHEA NAME 4.2 NAME **607 MARMORA AVENUE** 2045 ROXBURGH CT 4.3 STREET ADDRESS STREET ADDRESS TAMPA FL 4.4 CITY-ST-ZIP LAKELAND FL 33813 CITY - ST - ZIP Change DELETE Addition 5.1 TITLE TITLE D JOHNSTON, CARLEE MARY ROBERSON 52 NAME NAME 243 LOS PRADOS DRIVE 5.3 STREET ADORESS STREET ADDRESS 10702 CARROLL LAKE DR SAFETY HARBOR FL 5.4 CITY-ST-ZIP CHTY - ST - ZIP TAMPA FL 33/018

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

D

SEAY, IRENE

TAMPA FL

**607 MARMORA DRIVE** 

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

James & Votto JIRED

DELETE

January 14, 1996 (013) 877-6675

Change

Addition

**FILED** 

Feb 20 1997 8:00am

Secretary of State