

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 723743
1. Corporation Name
Las Damas de Arte

Principal Place of Business Mailing Address
P. O. Box 14212
Tampa, FL 33690

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

3. Date Incorporated or Qualified
March 16, 1993
4. FEI Number 59-382355
~~39-22-174550-57C~~ 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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Scott T. Silverman
Zinber & McCrea, P.A.
201 E. Kennedy Blvd Suite 850
Tampa, FL 33602

10. Name and Address of New Registered Agent
81 Name Scott T. Silverman
82 Street Address (P.O. Box Number is Not Acceptable) 201 E. Kennedy Blvd., Suite 850
83
84 City Tampa FL 85 Zip Code 33602

11. Pursuant to the provisions of Sections 617.002 and 617.003, 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 Scott Silverman DATE 6/25/98
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Carol A. Gaynor	
STREET ADDRESS	4141 Bayshore Blvd., #801	
CITY-ST-ZIP	Tampa, FL 33611	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Carlee Johnston	
STREET ADDRESS	12115 Golfside Dr	
CITY-ST-ZIP	Tampa FL 33612	
TITLE	Recording Secretary	<input type="checkbox"/> DELETE
NAME	Sandra Huston	
STREET ADDRESS	3110 West Wallcraft Avenue	
CITY-ST-ZIP	Tampa, FL 33611	
TITLE	Corresponding Secretary	<input type="checkbox"/> DELETE
NAME	Florence Miller	
STREET ADDRESS	901 S. Willow Ave	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Hacqueline Selitto	
STREET ADDRESS	751 - 39th Avenue North	
CITY-ST-ZIP	St. Petersburg, FL 33703	

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	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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.

SIGNATURE: Carol A. Gaynor, President DATE 6-30-98 (813) 839-1471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (10/97)