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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90091 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723743

1. Corporation Name
LAS DAMAS DE ARTE, INC.

Principal Place of Business P.O. BOX 14212 TAMPA FL 33690 US	Mailing Address P.O. BOX 14212 TAMPA FL 33690 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/23/1972	4. FEI Number 59-3182355 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SILVERMAN, SCOTT T 201 EAST KENNEDY BOULEVARD SUITE 850 TAMPA FL 33602		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYNOR, CAROL A	1.2 NAME	
STREET ADDRESS	4141 BAYSHORE BOULEVARD, SUITE 801	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, CARLEE	2.2 NAME	
STREET ADDRESS	12115 GOLFSIDE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	2.4 CITY-ST-ZIP	
TITLE	RSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSTON, SANDRA	3.2 NAME	
STREET ADDRESS	3110 WEST WALLCRAFT AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	3.4 CITY-ST-ZIP	
TITLE	CSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, FLORENCE	4.2 NAME	
STREET ADDRESS	901 S. WILLOW AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELITTO, JACQUELINE	5.2 NAME	
STREET ADDRESS	751 - 39TH AVENUE NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Caroline Harris* **SIGNATURE REQUIRED** 2-18-99 (813) 839-1471

CR2E037 (1/198)