

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 # 770891 (0)
1. Corporation Name
THE TOWER GALLERY ARTIST COOPERATIVE, INC.



Principal Place of Business Mailing Address
751 TARPON BAY RD. SANIBEL FL 33957 US
751 TARPON BAY RD. SANIBEL FL 33957 US

3. Date Incorporated or Qualified 10/24/1983
3a. Date of Last Report 03/21/1995
4. FEI Number 59-2547501
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

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

9. Name and Address of Current Registered Agent
PFLUG, LINDA
3659 EDGEWOOD AV.
FT. MYERS FL 33916

10. Name and Address of New Registered Agent
81 Name LINDA WIGGINS
82 Street Address (P.O. Box Number is Not Acceptable) 3635 HERITAGE LN
83 FT MYERS FL 33908
84 City 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 *[Signature]* DATE 4-30-96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	ANDERSON, SHIRLEY	
STREET ADDRESS	4311 ORANGE GROVE BLVD	
CITY-ST-ZIP	NO. FT. MYERS FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	PFLUG, LINDA	
STREET ADDRESS	3659 EDGEWOOD AV	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	KEOGH, MARY	
STREET ADDRESS	9439 COVENTRY CT.	
CITY-ST-ZIP	SANIBEL FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	VALE, SHIRLEY	
STREET ADDRESS	521 CORAL DR.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT /D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	SHIRLEY VALE		
1.3 STREET ADDRESS	521 CORAL DR		
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904		
2.1 TITLE	VP /D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	JOANN BEDIANT		
2.3 STREET ADDRESS	869 DUQUESNE DR		
2.4 CITY-ST-ZIP	FT. MYERS, FL 33919		
3.1 TITLE	TREAS /D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	LINDA WIGGINS		
3.3 STREET ADDRESS	3635 HERITAGE LN		
3.4 CITY-ST-ZIP	FT. MYERS, FL 33908		
4.1 TITLE	SECRETARY /D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	CAROL NASTARS		
4.3 STREET ADDRESS	114 COUSLEY DR		
4.4 CITY-ST-ZIP	PT. CHARLOTTE FL 33952		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *[Signature]* DATE 4-30-96 DAY/PHONE # 481-7061

CR2E037 (12/95)