

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 # **N48241** (6)
1. Corporation Name
ANNE MCKEE ARTISTS FUND, INC.



Principal Place of Business: **927 SEMINARY STREET KEY WEST FL 33040 US**
Mailing Address: **927 SEMINARY STREET KEY WEST FL 33040 US**

3. Date Incorporated or Qualified: **04/07/1992**
3a. Date of Last Report: **04/05/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0385389	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
				6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Country	29	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRANKE, LOUI 927 SEMINARY STREET KEY WEST FL 33040				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 617.0603, Florida Statutes.

SIGNATURE: DR. LOUI FRANKE (NOTE: Registered Agent signature required when reinstating) DATE: 23 April 96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DR D / P	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FRANKE, LOU G DR.		1.2 NAME	JIM SULLIVAN			
STREET ADDRESS	927 SEMINARY STREET		1.3 STREET ADDRESS	1533 7 DOLPHIN ST., E			
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP	SUNARLOAF 33042			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D / V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TURNER, ADELINE		2.2 NAME	MIRIAM GOOD			
STREET ADDRESS	114 ALLAMANDA		2.3 STREET ADDRESS	P.O. BOX 148			
CITY-ST-ZIP	SUNARLOAF FL		2.4 CITY-ST-ZIP	SUNARLOAF 33044			
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TAYLOR, SANDRA		3.2 NAME	RAUL BROOKES			
STREET ADDRESS	FARBUTUS DRIVE		3.3 STREET ADDRESS	317 WHITEHEAD ST.			
CITY-ST-ZIP	KEY WEST FL		3.4 CITY-ST-ZIP	KEY WEST 33040			
TITLE	D D T	<input type="checkbox"/> DELETE	4.1 TITLE	C / S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TURNER, JOHN		4.2 NAME	MIKI BARSITMAN			
STREET ADDRESS	114 ALLAMANDA		4.3 STREET ADDRESS	430 SOUTH POINT DRIVE			
CITY-ST-ZIP	SUGARLOAF FL		4.4 CITY-ST-ZIP	SUMMERLAND, 33042			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JONES, SCOTT		5.2 NAME	MICHAEL ZULLO			
STREET ADDRESS	1400 VON PHISTER ST		5.3 STREET ADDRESS	3301 FLANLER AVENUE			
CITY-ST-ZIP	KEY WEST FL		5.4 CITY-ST-ZIP	KEY WEST, 33040			
TITLE	D / S	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VIANA, JOE		6.2 NAME	STACEY ROUSSEAU			
STREET ADDRESS	1523 WASHINGTON ST		6.3 STREET ADDRESS	1318 VIRGINIA ST.			
CITY-ST-ZIP	KEY WEST FL		6.4 CITY-ST-ZIP	KEY WEST, 33040			

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: DR. LOUI FRANKE DATE: 23 April 96 DAYTIME PHONE #: 305-250-2074

CR2E037 (12/95)