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Jul 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33040-4712 US
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3. Date Incorporated or Qualified 04/07/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0385389	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

FRANKE, LOUI
927 SEMINARY STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

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

TITLE	DP <input type="checkbox"/> DELETE
NAME	FRANKE, LOU G DR.
STREET ADDRESS	927 SEMINARY STREET
CITY-ST-ZIP	KEY WEST FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TURNER, ADELINE
STREET ADDRESS	114 ALLAMANDA
CITY-ST-ZIP	SULARLOAF FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BROOKES, RALF
STREET ADDRESS	317 WHITEHEAD ST.
CITY-ST-ZIP	KEY WEST FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	TURNER, JOHN
STREET ADDRESS	114 ALLAMANDA
CITY-ST-ZIP	SUGARLOAF FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ZULLO, MICHAEL
STREET ADDRESS	3361 FRAHLER AVENUE
CITY-ST-ZIP	KEY WEST FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	VANA, JOE
STREET ADDRESS	1523 WASHINGTON ST
CITY-ST-ZIP	KEY WEST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Miriam Good
1.3 STREET ADDRESS	P.O. Box 158
1.4 CITY-ST-ZIP	Sugarloaf FL
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jim Salem
2.3 STREET ADDRESS	38 Dolphin St
2.4 CITY-ST-ZIP	Sugarloaf FL
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Miki Garshman
3.3 STREET ADDRESS	430 S. Point Drive
3.4 CITY-ST-ZIP	Sugarloaf FL
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	

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, with an attachment with an address.

SIGNATURE _____ **Alan 30 97 305-745-1042**

CR2E037 (9/96)