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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:25

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000073882 (0)**

1. Corporation Name
AARTVARKS, INC.

Principal Place of Business: **2832 1/2 BEACH BLVD. SOUTH GULFPORT FL 33707**
Mailing Address: **2832 1/2 BEACH BLVD. SOUTH GULFPORT FL 33707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/07/1994**
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Same as above	26 Same as above	59-3269835	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
	Pinellas		Pinellas
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

DELASHMUTT, CHRISTINE
2832 1/2 BEACH BLVD. SOUTH
GULFPORT FL 33707

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman of the Board	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan E. Hess	1.2 NAME	
STREET ADDRESS	13354 2 nd St E	1.3 STREET ADDRESS	
CITY- ST- ZIP	Madeira Beach, FL 33708	1.4 CITY- ST- ZIP	
TITLE	President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christine DeLashmutt	2.2 NAME	
STREET ADDRESS	6807C 16 th St. NE	2.3 STREET ADDRESS	
CITY- ST- ZIP	St. Petersburg, FL 33702	2.4 CITY- ST- ZIP	
TITLE	Secretary/Treasurer	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Ciso	3.2 NAME	
STREET ADDRESS	2599 West Bay Isle Dr. SE	3.3 STREET ADDRESS	
CITY- ST- ZIP	St. Petersburg, FL 33705	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Christine DeLashmutt 4/24/95 (813) 527-8775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #