

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000073882
1. Corporation Name

Aartvarkis, Inc.

Principal Place of Business Mailing Address
2832 1/2 Beach Blvd South (same)
Gulfport FL 33707

3. Date Incorporated or Qualified 10/94
3a. Date of Last Report 4/95

2. Principal Place of Business 2a. Mailing Address
21 2832 1/2 Beach Blvd South 26 Same
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Gulfport FL 28 Same
Zip Country Zip Country
24 33707 USA 29 Same 30 Same

4. FEI Number 59-3269835 Applied For Not Applicable
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

9. Name and Address of Current Registered Agent
Chris Delashmutt
6807 C 16th St NE
St Petersburg FL 33702

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 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 of officer or principal name of registered agent and title (last, first, middle) (DATE) _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Christine Delashmutt	
STREET ADDRESS	6807 C 16th St NE	
CITY-ST-ZIP	St Petersburg FL 33702	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Kim Cisco	
STREET ADDRESS	2599 West Bay Blvd SE	
CITY-ST-ZIP	St Petersburg FL 33705	
TITLE	Chairman	<input checked="" type="checkbox"/> DELETE
NAME	Sue Hess	
STREET ADDRESS	13354 2nd St E	
CITY-ST-ZIP	Madison Beach FL 33708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	400001829634
5.4 CITY-ST-ZIP	-05/20/96--01053--019 ***200.00
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kim Cisco 4/25/96 (813) 578-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (12/95)

5-16-96 02