

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 # **P95000084129 (2)**

1. Corporation Name

IT'S ALL ART, INC.



Principal Place of Business

Mailing Address

106 W. MAIN ST.
INVERNESS FL 34450

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INVERNESS FL 34450

3. Date Incorporated or Qualified
10/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3340198

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

10. Name and Address of New Registered Agent

**BRADSHAW, R. WESLEY
209 COURTHOUSE SQUARE
INVERNESS FL 34450**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BAKER, LUCILLE A | |
| STREET ADDRESS | 475 LANDING BLVD. | |
| CITY-ST-ZIP | INVERNESS FL 34450 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BAKER, MICHAEL K | |
| STREET ADDRESS | 475 LANDING BLVD. | |
| CITY-ST-ZIP | INVERNESS FL 34450 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BAKER, MICHAEL K JR. | |
| STREET ADDRESS | 475 LANDING BLVD. | |
| CITY-ST-ZIP | INVERNESS FL 34450 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BAKER, MARK K | |
| STREET ADDRESS | 4812 WARRIOR LANE | |
| CITY-ST-ZIP | KISSIMMEE FL 34746 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DIPERRY, ROSE | |
| STREET ADDRESS | 9510 EL PORTAL CT. | |
| CITY-ST-ZIP | VENTURA CA 93004 | |
| TITLE | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 600 CHARLESTON CT |
| 1.4 CITY-ST-ZIP | HERNANDO FL 34442 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 600 E. CHARLESTON CT |
| 2.4 CITY-ST-ZIP | HERNANDO FL 34442 |
| 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 | |
| 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 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:

Michael K Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Apr 96

Date

(352) 860-1112

Daytime Phone #

CR2E034 (12/95)