

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:33

DOCUMENT # 348436 (7)

1. Corporation Name
ART ELFERDINK, INC.

Principal Place of Business 6320 GIBSON DR ORLANDO FL 32809-6149	Mailing Address 6320 GIBSON DR ORLANDO FL 32809-6149
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/25/1969		3a. Date of Last Report 01/24/1994	
4. FEI Number 59-1265310		Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

9. Name and Address of Current Registered Agent ELFERDINK, MARIE 6320 GIBSON DR. ORLANDO FL 32809				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				B5 FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELFERDINK, TERRY LEE	1.2 NAME	
STREET ADDRESS	5424 MING CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 00000	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELFERDINK, LARRY	2.2 NAME	
STREET ADDRESS	6320 GIBSON DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 00000	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELFERDINK, MARIE	3.2 NAME	
STREET ADDRESS	6320 GIBSON DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 00000	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)(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 resolver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marie Elferdink* *Soc. Treasurer 3-4-95*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Effective 1/1/95