

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

'95 APR 11 PM 3:24

DOCUMENT # 370319

(6)

1. Corporation Name

THREE ARTS PRODUCTIONS, INC.

Principal Place of Business

**25 NORTH PINEAPPLE AVENUE
SARASOTA FL 34236**

Mailing Address

**25 NORTH PINEAPPLE AVENUE
SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/25/1970

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-1562038

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

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEA, JOHN J.
720 S ORANGE AVE
SARASOTA FL 34236**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	TUROFF, ROBERT
STREET ADDRESS	25 NO PINEAPPLE AVE
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	D
NAME	TUROFF, BENJAMIN M.
STREET ADDRESS	25 N. PINEAPPLE AVE.
CITY - ST - ZIP	SARASOTA FL
TITLE	VP
NAME	TUROFF, ROBERTA
STREET ADDRESS	25 NORTH PINEAPPLE AVE.
CITY - ST - ZIP	SARASOTA FL
TITLE	VP
NAME	SUPLEE, T. RAYMOND(ASST)
STREET ADDRESS	1770 WOOD STREET
CITY - ST - ZIP	SSRASOTA FL
TITLE	D
NAME	TUROFF, KYLE E.
STREET ADDRESS	25 N. PINEAPPLE AVE.
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	ANTOLIK, FELICIA
STREET ADDRESS	25 N. PINEAPPLE AVE.
CITY - ST - ZIP	SARASOTA FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an addition with an address.

SIGNATURE:

ROBERT E. TUROFF

4/6/95

813-366-7913

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

(Date)

(Telephone Number)