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 # **370319** **(6)**

1. Corporation Name

THREE ARTS PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
25 NORTH PINEAPPLE AVENUE SARASOTA FL 34236	25 NORTH PINEAPPLE AVENUE SARASOTA FL 34236

3. Date Incorporated or Qualified: **09/25/1970**

3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

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

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 New Registered Agent required when this box is checked) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	TUROFF, ROBERT		12 NAME	
STREET ADDRESS	25 NO PINEAPPLE AVE		13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	TUROFF, BENJAMIN M.		22 NAME	
STREET ADDRESS	25 N. PINEAPPLE AVE.		23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		24 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	TUROFF, ROBERTA		32 NAME	
STREET ADDRESS	25 NORTH PINEAPPLE AVE.		33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		34 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	SUPLEE, T. RAYMOND(ASST)		42 NAME	
STREET ADDRESS	1770 WOOD STREET		43 STREET ADDRESS	
CITY-ST-ZIP	SSRASOTA FL		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	TUROFF, KYLE E.		52 NAME	
STREET ADDRESS	25 N. PINEAPPLE AVE.		53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	ANTOLIK, FELICIA		62 NAME	
STREET ADDRESS	25 N. PINEAPPLE AVE.		63 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		64 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)(i), 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: [signature] 1/13/96 941-366-2646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)