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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
25 NORTH PINEAPPLE AVENUE
SARASOTA FL 34236

Mailing Address
25 NORTH PINEAPPLE AVENUE
SARASOTA FL 34236-5716



3. Date Incorporated or Qualified 09/25/1970
3a. Date of Last Report 02/27/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-1562038		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHEA, JOHN J. J
720 S ORANGE AVE
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 TUROFF, ROBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25 NO PINEAPPLE AVE	1.2 NAME	
STREET ADDRESS	SARASOTA, FL 00000	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D TUROFF, BENJAMIN M.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25 N. PINEAPPLE AVE.	2.2 NAME	
STREET ADDRESS	SARASOTA FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VP TUROFF, ROBERTA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25 NORTH PINEAPPLE AVE.	3.2 NAME	
STREET ADDRESS	SARASOTA FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VP SUPLEE, T. RAYMOND(ASST)	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1770 WOOD STREET	4.2 NAME	
STREET ADDRESS	SSRASOTA FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D TUROFF, KYLE E.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25 N. PINEAPPLE AVE.	5.2 NAME	
STREET ADDRESS	SARASOTA FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D ANTOLIK, FELICIA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25 N. PINEAPPLE AVE.	6.2 NAME	
STREET ADDRESS	SARASOTA FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

941-366-3646

CR2E034 (9/96)