

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

DOCUMENT # 578411 (1)

95 JAN 24 AM 9:32

1. Corporation Name
PROFESSIONAL ARTS MANAGEMENT SERVICE, INC.

Principal Place of Business Mailing Address
~~8100 SW 81 ST DR #270~~ **8090 S.W. 81 DRIVE** ~~8100 SW 81 ST DR #270~~ **8090 S.W. 81 DRIVE**
MIAMI FL 33143 MIAMI FL 33143

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/30/1978** 3a. Date of Last Report **02/28/1994**

2. Principal Place of Business 2a. Mailing Address
21 **8090 S.W. 81 DRIVE** 26 **8090 S.W. 81 DRIVE**

4. FEI Number **59-1857889** Applied For
Not Applicable

Suite, Apt. #, etc. City & State
22 **MIAMI FL.** 27 **MIAMI FL.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **33143** 28 **33143**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country

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

CLARK, CLIFFORD P., JR.
7600 RED ROAD
S. MIAMI FL 33143

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 **PD**
NAME **REID, TIMOTHY**
STREET ADDRESS ~~8100 SW 81 ST DR #270~~ **8090 S.W. 81 DRIVE**
CITY-ST-ZIP **MIAMI FL 33143**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD**
NAME **FRAZIER, JEWEL**
STREET ADDRESS ~~8100 SW 81 ST DR #270~~ **8090 S.W. 81 DRIVE**
CITY-ST-ZIP **MIAMI FL 33143**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD**
NAME **KELLENBENZ, GLORIA**
STREET ADDRESS ~~8100 SW 81 ST DR #270~~ **8090 S.W. 81 DRIVE**
CITY-ST-ZIP **MIAMI FL 33143**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Gloria Kellenbenz - GLORIA KELLENBENZ STD 01-10-95 (305) 274-0382.**