

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -7 AM 10: 28

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # 748946 (1)
 1. Corporation Name
ARTIST ALLIANCE, INC.

Principal Place of Business Mailing Address
 1513 E. 8TH AVE. 1513 E. 8TH AVE.
 PO BOX 75184 PO BOX 75184
 TAMPA FL 33605 TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1979	3a. Date of Last Report 06/28/1994
4. FBI Number 59-1963831	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 1017 N. FRANKLIN ST	2a. Mailing Address P.O. Box 172845		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. City & State Tampa FL	28. City & State Tampa FL		
24. Zip 33601	25. Country USA	29. Zip 33602	30. Country USA

9. Name and Address of Current Registered Agent
YONTZ, PATRICIA M
1513 E 8TH AVE
TAMPA FL 33605

10. Name and Address of New Registered Agent
 81 Name **Nancy Minnes**
 82 Street Address (P.O. Box Number is Not Acceptable)
1070 E. Timberlane Dr.
 83
 84 City **Plant City** FL 85 Zip Code **33566**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.
 SIGNATURE **Nancy P. Minnes, Executive Director** DATE **7/27/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LANDIS, JAMES
STREET ADDRESS	2916 WALLCRAFT
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	HIOTIS, ANASTASIA
STREET ADDRESS	2810 W. SITIOS ST
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	GUSTAFSON, ZOE
STREET ADDRESS	140 DANUBE AVE., #1
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	WAYNE, MICHELE
STREET ADDRESS	2904 JANICE WAY STE 208
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	GLUCKMAN, STEVE
STREET ADDRESS	5114 SUWANEE AVE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	BROWN, ENOLA T.
STREET ADDRESS	3002 W. ESTRELLA
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Barbara A. Hill	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	2810 W. SITIOS ST.	
13 STREET ADDRESS	Tampa FL 33629	
14 CITY - ST - ZIP		
21 TITLE	David Brown	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	2906 Bay Court	
23 STREET ADDRESS	Tampa FL 33611	
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	James Landis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	2916 Wallcraft	
43 STREET ADDRESS	Tampa, FL 33611	
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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 110.073(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Nancy P. Minnes, DIRECTOR** Date **7/27/95** **8132291449**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara A. Hill, PRESIDENT Date **7/28/95**

CPRE037 (3/95)