

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08317 (2)

1. Corporation Name
FLORIDA VISUAL ARTS, INC.



Principal Place of Business
**C/O RICHARD ANTHONY PALEVEDA
1619 W. KENNEDY BLVD
TAMPA FL 33606**

Mailing Address
**C/O RICHARD ANTHONY PALEVEDA
1619 W. KENNEDY BLVD
TAMPA FL 33606**

3. Date Incorporated or Qualified **03/22/1985** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **C/O Richard Anthony Paleveda**
Suite, Apt. #, etc.
22 **4014 SAN NICHOLAS**
City & State
23 **TAMPA, FL**
Zip
24 **33629** Country
25 **U.S.A.**

2a. Mailing Address
26 **Richard Anthony Paleveda**
Suite, Apt. #, etc.
27 **4014 SAN NICHOLAS**
City & State
28 **TAMPA, FL**
Zip
29 **33629** Country
30 **U.S.A.**

4. FEI Number **59-2667023** 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

**PALEVEDA, RICHARD ANTHONY
4014 SAN NICHOLAS
TAMPA FL 33629**

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 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 617.0503, 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	LIROT, CHARLES LUKE	
STREET ADDRESS	2000 MAGNOLIA DR	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BISCUP, JULIE	
STREET ADDRESS	9406 ELMER ST	
CITY - ST - ZIP	TAMPA FL 40	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MIZE, JOY	
STREET ADDRESS	3613 WEST WALNUT	
CITY - ST - ZIP	TAMPA FL	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	PALEVEDA, RICHARD (DIR.)	
STREET ADDRESS	4014 SAN NICHOLAS	
CITY - ST - ZIP	TAMPA FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	KAYE, SANFORD (DIRECTOR)	
STREET ADDRESS	309 W. LOUISIANA AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROVOST, JOEL	
STREET ADDRESS	9406 ELMER ST	
CITY - ST - ZIP	TAMPA FL 40	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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

Richard Anthony Paleveda
Richard Anthony Paleveda
President
Date **29/1996** (813) 221-9533
Daytime Phone #

CR2E037 (12/95)