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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N08317 (2)

1. Corporation Name
FLORIDA VISUAL ARTS, INC.

[redacted]

Principal Place of Business	Mailing Address
C/O RICHARD ANTHONY PALEVEDA 4014 SAN NICHOLAS TAMPA, FL 33629	C/O RICHARD ANTHONY PALEVEDA 4014 SAN NICHOLAS TAMPA, FL 33629

3. Date Incorporated or Qualified: 03/22/1985
3a. Date of Last Report: 1997

2. Principal Place of Business	2a. Mailing Address
21 C/O Richard Anthony Paleveda	26 Richard Anthony Paleveda
Suite, Apt. #, etc. 22 4014 SAN NICHOLAS	Suite, Apt. #, etc. 27 4014 SAN NICHOLAS
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip 24 33629 Country 25 U.S.A	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LIROT, CHARLES LUKE		12 NAME		
STREET ADDRESS	2000 MAGNOLIA DR		13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BISCUP, JULIE		22 NAME		
STREET ADDRESS	9406 ELMER ST		23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 40		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MIZE, JOY		32 NAME		
STREET ADDRESS	3613 WEST WALNUT		33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		34 CITY-ST-ZIP		
TITLE	PST	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	PALEVEDA, RICHARD (DIR.)		42 NAME		
STREET ADDRESS	4014 SAN NICHOLAS		43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		44 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	KAYE, SANFORD (DIRECTOR)		52 NAME	P100025528022	
STREET ADDRESS	309 W. LOUISANA AVE.		53 STREET ADDRESS	-06/09/98-~~000000~~-~~000~~	46 9
CITY-ST-ZIP	TAMPA FL		54 CITY-ST-ZIP	***70.00 01064 001	
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	PROVOST, JOEL		62 NAME		
STREET ADDRESS	9406 ELMER ST		63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 40		64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Anthony Paleveda President DATE: May 31, 1998