

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N31483

(3)

1. Corporation Name

ARTISTS UNLIMITED, INC.



Principal Place of Business

**223 N. 12TH ST.
TAMPA FL 33602**

Mailing Address

**223 N. 12TH ST.
TAMPA FL 33602**

3. Date Incorporated or Qualified
04/03/1989

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-2954446

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 **XX** No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, BILL
ARTISTS UNLIMITED, INC.
223 N. 12TH ST.
TAMPA FL 33602**

81 Name

Genie F. White

82 Street Address (P.O. Box Number is Not Acceptable)

223 N. 12th Street Artists Unlimited, Inc

83

223 N. 12th Street

84 City

Tampa

FL

85 Zip Code
33602

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 *Genie F. White*

Genie F. White

02/22/96

(NOTE: Registered Agent signature required when name change)

12. OFFICERS AND DIRECTORS

TITLE **D** **WHITE, GENIE FARRELL** **XX** DELETE
NAME
STREET ADDRESS **223 N. 12TH ST.**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **DT** **MISTRETTA, PAT** **XX** DELETE
NAME
STREET ADDRESS **223 N. 12TH ST.**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **DV** **ROOSA, DAVID** **XX** DELETE
NAME
STREET ADDRESS **223 N 12TH ST**
CITY-ST-ZIP **TAMPA FL**

TITLE **DP** **CRAIG, JONATHAN** **XX** DELETE
NAME
STREET ADDRESS **223 N. 12TH ST.**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **DS** **VOSS, NORA** ☐ DELETE
NAME
STREET ADDRESS **223 N 12TH ST**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** ☐ Change **XX** Addition
12 NAME **David Roosa**
13 STREET ADDRESS **223 N. 12th Street**
14 CITY-ST-ZIP **Tampa, FL 33602**

21 TITLE **DT** ☐ Change **XX** Addition
22 NAME **Jerry Baranowski**
23 STREET ADDRESS **223 N. 12th Street**
24 CITY-ST-ZIP **Tampa, FL 33602**

31 TITLE **DV** ☐ Change **XX** Addition
32 NAME **Carol Sivyer**
33 STREET ADDRESS **223 N. 12th Street**
34 CITY-ST-ZIP **Tampa, FL 33602**

41 TITLE **DS** ☐ Change **XX** Addition
42 NAME **Sandra Fanning**
43 STREET ADDRESS **223 N. 12th Street**
44 CITY-ST-ZIP **Tampa, FL 33602**

51 TITLE **D** **XX** Change ☐ Addition
52 NAME **Nora Voss**
53 STREET ADDRESS **223 N. 12th Street**
54 CITY-ST-ZIP **Tampa, FL 33602**

61 TITLE **Executive Director** ☐ Change **XX** Addition
62 NAME **Genie Farrell White**
63 STREET ADDRESS **223 N. 12th Street**
64 CITY-ST-ZIP **Tampa, FL 33602**

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 *Genie F. White*

Genie F. White

02/22/96

813-229-5958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)