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Apr 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N38907 (4)

1. Corporation Name

BIGSUN ARTSFEST, INC.

Principal Place of Business

Mailing Address

%BEVERLY A LAMBERT
2100 SE 17TH ST #300
OCALA FL 34471

%BEVERLY A LAMBERT
2100 SE 17TH ST #300
OCALA FL 34471-4155

2. Principal Place of Business

2a. Mailing Address

21 2100 SE 17TH ST

26 2100 SE 17TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 H 300

27 H 300

City & State

City & State

23 Ocala, FL

28 Ocala FL

Zip

Zip

24 34471

29 34471

Country

Country

25 MARION

30 MARION

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/29/1990

3a. Date of Last Report

03/20/1996

4. FEI Number

59-3023087

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

LAMBERT, BEVERLY A
2100 SE 17TH ST #300
OCALA FL 34471

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

1.1 TITLE

NAME
ZUKOSKI, JOSEPH J JR.
STREET ADDRESS
1500 S.E. 17TH ST. BLDG 400
CITY-ST-ZIP
OCALA FL 34471

1.2 NAME

1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
TITLE
DVST
NAME
LAMBERT, BEVERLY A
STREET ADDRESS
2100 S.E. 17TH ST. BLDG 300
CITY-ST-ZIP
OCALA FL 34471

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
TITLE
D
NAME
CHRISTOFF, STEVEN M
STREET ADDRESS
1016 S.E. 3RD AVENUE
CITY-ST-ZIP
OCALA FL 34471

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
TITLE
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
TITLE
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7.1 TITLE

7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

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14. I do 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone # 0085677

CR2E037 (9/96)