


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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(6)

1. Corporation Name

**ANNE MCKEE ARTISTS FUND, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business		Mailing Address	
927 SEMINARY STREET KEY WEST FL 33040 US		927 SEMINARY STREET KEY WEST FL 33040 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		30 Country	

3. Date Incorporated or Qualified <b>04/07/1992</b>	
4. FEI Number <b>65-0385389</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
FRANKE, LOUI 927 SEMINARY STREET KEY WEST FL 33040 <b>400002674874--5</b> <b>-10/28/98--01086--001</b> <b>*****61.25 *****61.25</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 Lou Franke, President DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	FRANKE, LOU G DR.
STREET ADDRESS	927 SEMINARY STREET
CITY-ST-ZIP	KEY WEST FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TURNER, ADELINE
STREET ADDRESS	114 ALLAMANDA
CITY-ST-ZIP	SUGARLOAF FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BROOKES, RALF
STREET ADDRESS	317 WHITEHEAD ST.
CITY-ST-ZIP	KEY WEST FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	TURNER, JOHN
STREET ADDRESS	114 ALLAMANDA
CITY-ST-ZIP	SUGARLOAF FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ZULLO, MICHAEL
STREET ADDRESS	3361 FRAHLER AVENUE
CITY-ST-ZIP	KEY WEST FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	VIANA, JOE
STREET ADDRESS	1523 WASHINGTON ST
CITY-ST-ZIP	KEY WEST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DV Miriam Good
1.3 STREET ADDRESS	<del>2800 1st St</del> #2 Bat Tower Rd
1.4 CITY-ST-ZIP	Sugarloaf FL 33044
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Jon Salem
2.3 STREET ADDRESS	38 Dolphin St
2.4 CITY-ST-ZIP	Sugarloaf FL 33044
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Mrki Garshman
3.3 STREET ADDRESS	430 S. Spout Dr
3.4 CITY-ST-ZIP	Sugarloaf FL 33044
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D David Max Field
4.3 STREET ADDRESS	611 Margaret St
4.4 CITY-ST-ZIP	Key West FL 33044
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Jill Zdanow
5.3 STREET ADDRESS	22 Merganser Lane
5.4 CITY-ST-ZIP	Key West FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Beverly Browder
6.3 STREET ADDRESS	17179 Amberjack Lane
6.4 CITY-ST-ZIP	Sugarloaf FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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] DATE: Aug 11, 98 **305-745-1092**

CR2E037 (10/97)