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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000610 (7)

1. Corporation Name

TAMPA BAY ARTS, INC.



Principal Place of Business	Mailing Address
2907 BAY TO BAY BLVD #210 TAMPA FL 33629 US	1222 S. DALE MABRY SUITE 602 TAMPA FL 33629-5009 US

3. Date incorporated or Qualified 12/03/1992	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3719 SAN LUIS	26	59-2908900	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 TAMPA FL	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 33629	25 USA		
	29		
	30		

9. Name and Address of Current Registered Agent

PUIG, MARK D
2907 BAY TO BAY BLVD
SUITE 210
TAMPA FL 33629

CHANGE OF ADDRESS ONLY

10. Name and Address of New Registered Agent

81 Name	PUIG, MARK D.
82 Street Address (P.O. Box Number is Not Acceptable)	3719 San Luis ST
83	
84 City	TAMPA FL 85 Zip Code 33629

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: Mark D. Puig MARK D. PUIG, E.D. 1/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOBLER, BOB	1.2 NAME	
STREET ADDRESS	17901 HOLLY BROOK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ARTHUR J	2.2 NAME	
STREET ADDRESS	14505 AUDUBON TRACE #504	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613-2978	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, PAUL	3.2 NAME	
STREET ADDRESS	3508 KENSINGTON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, C.L.	4.2 NAME	
STREET ADDRESS	PO DRAWER 9448 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	ED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUIG, MARK D	5.2 NAME	
STREET ADDRESS	3717 SAN LUIS ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	5.4 CITY-ST-ZIP	
TITLE	MD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
		MD	
		JOSEPH LONSWAY	
		1222 S DALE MABRY #612	
		TAMPA FL 33629	

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: Mark D. Puig MARK D. PUIG, E.D. 1/16/97

CR2E037 (9/96)