

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 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 # N94000003566 (6)

1. Corporation Name

TAJIRI ARTS INCORPORATED

Principal Place of Business

Mailing Address

519 PALMETTO STREET Avenue  
SANFORD FL 32771

519 PALMETTO STREET Avenue  
SANFORD FL 32771



3. Date Incorporated or Qualified  
07/19/1994

3a. Date of Last Report  
10/29/1996

2. Principal Place of Business

2a. Mailing Address

21 519 Palmetto Ave.  
Suite, Apt. #, etc.

26 17861 Faversham Cir.  
Suite, Apt. #, etc.

22 City & State  
Sanford, FL

27 City & State  
Orlando, FL

23 Zip Country  
32771 Seminole

28 Zip Country  
32826 Orange

4. FEI Number  
59-3262070

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

10. Name and Address of New Registered Agent

NIXON, HENRY W  
1579 PINEHURST DRIVE  
CASSELBERRY FL 32707

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME WHATLEY, PATRICIA  
STREET ADDRESS 14861 FAVERSHAM CIRCLE  
CITY-ST-ZIP ORLANDO FL 32826

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME BARNES, CAMILLA  
STREET ADDRESS 1304 WEST 16TH STREET  
CITY-ST-ZIP SANFORD FL 32771

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME RAINES, CAROLYN  
STREET ADDRESS 416 BAY AVENUE  
CITY-ST-ZIP SANFORD FL 32771

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME FLEWELLYN, THOMAS  
STREET ADDRESS 1754 MARKHAM GLEN CIRCLE  
CITY-ST-ZIP LONGWOOD FL 32779

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: Patricia Whatley, President

5/11/97 407-699-1967

CR2E037 (9/96)