

**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 # N95000001026 (2)**

1. Corporation Name  
**THE STUDIO ARTS CENTER, INC.**



Principal Place of Business Mailing Address  
**114 N.E. 5TH ST. CRYSTAL RIVER FL 34429**

3. Date Incorporated or Qualified **03/03/1995** 3a. Date of Last Report

21	2. Principal Place of Business <b>114 N.E. 5th St.</b>	26	2a. Mailing Address <b>same</b>	4.	FEI Number <b>59-3291982</b>	Applied For			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>			
23	City & State <b>Crystal River, FL.</b>	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>			
24	Zip <b>34429</b>	25	Country <b>USA</b>	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
<b>SANCHEZ, JORGE</b> <b>114 N.E. 5TH ST.</b> <b>CRYSTAL RIVER FL 34429</b>				81	Name <b>Tom Ellis</b>			
				82	Street Address (P.O. Box Number is Not Acceptable) <b>8404 W. Rainbow Oaks</b>			
				83	<b>Crystal River</b>			
				84	City	<b>FL.</b>	85	Zip Code <b>34428</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 617.0502, Florida Statutes.

SIGNATURE: *Thomas W. Ellis* DATE: **3/14/96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>director</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Brad Varney</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mario Mendizabal</b>	1.2 NAME	<b>1825 N. Crooked Branch</b>
STREET ADDRESS	<b>1244 NW 5th Terrace</b>	1.3 STREET ADDRESS	<b>Hecanto, FL. 34461</b>
CITY-ST-ZIP	<b>Crystal River, FL. 34428</b>	1.4 CITY-ST-ZIP	
TITLE	<b>director</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Denise Maako</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vana Mendizabal</b>	2.2 NAME	<b>1825 N. Crooked Branch</b>
STREET ADDRESS	<b>1244 NW 5th Terrace</b>	2.3 STREET ADDRESS	<b>Hecanto, FL. 34461</b>
CITY-ST-ZIP	<b>Crystal River, FL. 34428</b>	2.4 CITY-ST-ZIP	
TITLE	<b>director</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tom Ellis</b>	3.2 NAME	
STREET ADDRESS	<b>8404 W. Rainbow Oaks</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Crystal River, FL.</b>	3.4 CITY-ST-ZIP	
TITLE	<b>director</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ingrid Ellis</b>	4.2 NAME	
STREET ADDRESS	<b>8404 W. Rainbow Oaks</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Crystal River, FL.</b>	4.4 CITY-ST-ZIP	
TITLE	<b>director</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Carol Camilleri</b>	5.2 NAME	
STREET ADDRESS	<b>8790 N. Iberian Dr., Citrus Springs</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FL.</b>	5.4 CITY-ST-ZIP	
TITLE	<b>director</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jorge Sanchez</b>	6.2 NAME	
STREET ADDRESS	<b>317 Red Rose Lane</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Inverness, FL.</b>	6.4 CITY-ST-ZIP	

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: *Thomas W. Ellis* DATE: **3/14/96** DAYTIME PHONE: **(904) 795-2613**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)