

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 02 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001026 (2)**  
 1. Corporation Name  
**THE STUDIO ARTS CENTER, INC.**



Principal Place of Business <b>114 N.E. 5TH ST. CRYSTAL RIVER FL 34429</b>	Mailing Address <b>114 N.E. 5TH ST. CRYSTAL RIVER FL 34429-4150</b>
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3. Date Incorporated or Qualified <b>03/03/1995</b>	3a. Date of Last Report <b>03/21/1996</b>
4. FEI Number <b>59-3291982</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

6. Trust Fund Contribution <input type="checkbox"/>	Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**ELLIS, TOM**  
**8404 W. RAINBOW OAKS**  
**CRYSTAL RIVER FL 34428**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MENDIZABAL, MARIO</b>	
STREET ADDRESS	<b>1244 NW 5TH TERRACE</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34428</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>MENDIZABAL, VANA</b>	
STREET ADDRESS	<b>1244 NW 5TH TERRACE</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34428</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>ELLIS, TOM</b>	
STREET ADDRESS	<b>8404 W. RAINBOW OAKS</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/>
NAME	<b>ELLIS, INGRID</b>	
STREET ADDRESS	<b>8404 W. RAINBOW OAKS</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/>
NAME	<b>CAMILLERI, CAROL</b>	
STREET ADDRESS	<b>8790 N. IBERIAN DR.</b>	
CITY-ST-ZIP	<b>CITRUS SPRINGS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>SANCHEZ, JORGE</b>	
STREET ADDRESS	<b>311 RED ROSE LANE</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 principal 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]*

CP2E037 (9/96)