

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortm
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000002267 (1)
 1. Corporation Name

TARIMA SCHOOL OF THE ARTS, INC.



Principal Place of Business Mailing Address
 17049 THUNDER ROAD 17049 THUNDER ROAD
 JUPITER FL 33478 JUPITER FL 33478

3. Date Incorporated or Qualified **05/08/1995** 3a. Date of Last Report **INITIAL**
 4. FEI Number **65-0529357** 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

2. Principal Place of Business 2a. Mailing Address
 21 **Randolf Siding Road** 26 **17049 Thunder Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Jupiter, FL 33478** 27 **Jupiter, FL 33478**
 City & State City & State
 23 **Jupiter, FL** 28 **Jupiter, FL 33478**
 Zip Country Zip Country
 24 **33478** 25 **USA** 29 **33478** 30 **USA**

9. Name and Address of Current Registered Agent

DEPRIMA, TANIA
17049 THUNDER ROAD
JUPITER FL 33478

10. Name and Address of New Registered Agent

81 Name **TANIA DEPRIMA**
 82 Street Address (P.O. Box Number is Not Acceptable) **17049 Thunder Rd.**
 83
 84 City **Jupiter** FL 85 Zip Code **33478**

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 **Tania DePrima** DATE **06-25-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	Chairman - D	<input type="checkbox"/> DELETE
NAME	Tania DePrima	
STREET ADDRESS	17049 Thunder Rd.	
CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	President - D	<input type="checkbox"/> DELETE
NAME	Tania DePrima	
STREET ADDRESS	Same - AS - Above	
CITY-ST-ZIP		
TITLE	Vice President - D	<input type="checkbox"/> DELETE
NAME	Maack Mackenzie	
STREET ADDRESS	11911 U.S. Hwy. #1 Suite 201	
CITY-ST-ZIP	NPB, FL 33408	
TITLE	TERRY Bloodgood	<input type="checkbox"/> DELETE
NAME	851 West Indiantown Rd.	
STREET ADDRESS	Jupiter, FL 33458	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address.

SIGNATURE: **Tania DePrima** DATE **06-25-96** DAYTIME PHONE # **447-1037**
Signature and typed or printed name of signing officer or director

CR2E037 (3/96)