

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**APPROVED
AND
FILED**

1997 OCT -3 PM 4: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002267 (1)
1. Corporation Name
TARIMA SCHOOL OF THE ARTS, INC.

Principal Place of Business RANDOLF SIDING ROAD JUPITER FL 33478	Mailing Address 17049 THUNDER RD. JUPITER FL 33478 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 05/08/1995	3a. Date of Last Report 07/02/1996
4. FEI Number 65-0589357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

TITLE	CD <input type="checkbox"/> DELETE
NAME	DE PRIMA, TANIA
STREET ADDRESS	17049 THUNDER RD.
CITY-ST-ZIP	JUPITER FL 33478-5335
TITLE	PD <input type="checkbox"/> DELETE
NAME	DE PRIMA, TANIA
STREET ADDRESS	17049 THUNDER ROAD
CITY-ST-ZIP	JUPITER FL 33478-5335
TITLE	VPD <input type="checkbox"/> DELETE
NAME	MACKENZIE, MACK
STREET ADDRESS	11911 U.S. HWY. #1 SUITE 201
CITY-ST-ZIP	NPB FL 33408
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BLOODGOOD, TERRY
STREET ADDRESS	851 WEST INDIAN TOWN RD.
CITY-ST-ZIP	JUPITER FL 33458
TITLE	D <input type="checkbox"/> DELETE
NAME	JOE ELLIS
STREET ADDRESS	17380 Jupiter Farms Road
CITY-ST-ZIP	Jupiter, FL 33478-5335
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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*******61.25 *****61.25**

10/16/97

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 _____ SIGNATURE REQUIRED: _____

CR2E037 (4/97)