

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000005203 (2)

1. Corporation Name

ARTS IN MOTION, INC.

Principal Place of Business

34535 MISSION BELL LANE
DADE CITY FL 33525

Mailing Address

P.O. BOX 1266
DADE CITY FL 33526-1266

2. Principal Place of Business

21 37421 Hickory Hill Lane

Suite, Apt. #, etc.

22 City & State

23 Dade City, FL

24 Zip

25 Country

26 U.S.A.

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified
10/07/1996

3a. Date of Last Report

4. FEI Number

59-3313339

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

MURPHY, DAVID J
14217 3RD ST
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 900002531879--2
-05/21/98--01086--016

84 City

***297.50 ***297.50

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

David J. Murphy

David J. Murphy

DATE

12. OFFICERS AND DIRECTORS

TITLE D LANE, JAMES ☒ DELETE

NAME LANE, JAMES
STREET ADDRESS 34535 MISSION BELL LANE
CITY-ST-ZIP DADE CITY FL 33525

TITLE D LANE, JANET ☒ DELETE

NAME LANE, JANET
STREET ADDRESS 34535 MISSION BELL LANE
CITY-ST-ZIP DADE CITY FL 33525

TITLE D ESTEP, KELLY ☒ DELETE

NAME ESTEP, KELLY
STREET ADDRESS 34535 MISSION BELL LANE
CITY-ST-ZIP DADE CITY FL 33525

TITLE D ROGASNER, WILLIAM ☒ DELETE

NAME ROGASNER, WILLIAM
STREET ADDRESS 34535 MISSION BELL LANE
CITY-ST-ZIP DADE CITY FL 33525

TITLE D MANDERER, ALBERT G R III ☐ DELETE

NAME MANDERER, ALBERT G R III
STREET ADDRESS 34535 MISSION BELL LANE
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME D
13 STREET ADDRESS RINCK, CHRISTIANE
14 CITY-ST-ZIP 37421 HICKORY HILL LANE
DADE CITY, FL 33525-5624 ☐ Change ☒ Addition

21 TITLE D

22 NAME LYNN, JOYAN F.
23 STREET ADDRESS 11631 FORT KING ROAD
24 CITY-ST-ZIP DADE CITY, FL. 33525 ☐ Change ☒ Addition

31 TITLE D

32 NAME RICHTER, CAROL M.
33 STREET ADDRESS P.O. BOX 475 N/A
34 CITY-ST-ZIP SAN ANTONIO, FL. 33576 ☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

REINSTATEMENT

97-98

5.20-98

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.