FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34275 (8)

1. Corporation Name
ART EDUCATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2134 TAMPA FL 33601	P.O. BOX 2134 TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 14695 PINEGLEN CR	26 14695 PINEGLEN CR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LUTZ FL	City & State 28 LUTZ FL
Zip 24 33549 Country 25 HILLSBOROUGH	Zip 29 33549 Country 30 HILLSBOROUGH

4. FEI Number: 59-2999278 ☐ 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	10. Name and Address of New Registered Agent
HITE, PATRICIA 3010 E. WATERS AVENUE TAMPA FL 33604	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	11 TITLE	☐ Change ☐ Addition
NAME	HITE, PATRICIA M.	12 NAME	
STREET ADDRESS	3010 E. WATERS AVENUE	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	CLANTON, KENNETH	22 NAME	400001454944
STREET ADDRESS	14695 PINEGLEN CR	23 STREET ADDRESS	-05/12/95--01011--017
CITY ST ZIP	LUTZ FL	24 CITY ST ZIP	****200.00 ****200.00
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LANE, LUCILE	32 NAME	
STREET ADDRESS	3314 GRENADA AVE.	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HUG, MARGARET	42 NAME	
STREET ADDRESS	7408 EL ENCANTO AVE.	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/30/95 (813) 985-2004
SIGNATURE AND TYPED OR PRINTED NAME OF E. OFFICER OR DIRECTOR — Date — Daytime Phone #

0442373 FP