## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000014198 (4)

STUDIO A ART CONSERVATION COMPANY, INC.

ľ	Principal Place of Business
	1600 W BAY DRIVE LARGO FL 34640

Mailing Address

1600 W BAY DRIVE LARGO FL 33770-3002

## FILED Apr 18 1997 8:00am Secretary of State



			3. Date Incorporated or Qualified 02/17/1993	3a. Date of Last Report 05/01/1996		
	large of Business 14 AVC 28 11194 749	th a	4. FEI Number	Applied For		
21 //4	7 20 (19/1	n Ave	59-3167653	Not Applicable		
Suite, Apt	#, etc Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		KI	6. Election Campaign Financing	\$5.00 May Be		
	11 NOVE FC 28 SEMINOC	The state of the s	Trust Fund Contribution	Added to Fees		
Zip 24 337	7) Country Zip Zip Zip	TOURTRY	8. This corporation has liability for inte			
24 337		o Pinella		Yes No		
V00	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  VOCT IDAN 81 Name					
	T, JEAN	of Name				
	W BAY DRIVE	82 Street A	eet Address (P.O. Box Nymber is Net Acceptable)			
LAHO	GO FL 34640	83	777 1/4" arc			
: :		84 City Se	minole	FL 85 7 10 Code 7 2		
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes			nose of changing its registered		
agent. La	egistered agent, or both, in the State of Florida. Such change was aut in familiar with, and accept the obligations of, Section 607.0505, Floridations	horized by the corp da Statutes.	oration's board of directors. I hereby accept t	he appointment as registered		
SIGNATURE.	Signature typed or printed name of registered agent and lide if applicable (NOTE: F	Registered Agent signature	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12		
TITLE	PSTD DELETE	1.1 TITLE		Change Addition		
NAME	YOST, JEAN	1.2 NAME	بمداولات	•		
STREET ADORESS	-1000 W-BAY-DRIVE	1.3 STREET ADDRESS	11497 MYM QUE			
CHY-ST ZIP	-targo-fl	1.4 CITY-ST-ZIP	Seminole FL 337	72		
MITE	DELETE	2.1 TITLE		Change Addition		
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS	N. 1	•		
CHY ST ZIP		2. 4 CiTY-ST-ZiP				
TITLE	DELETE	3.1 TITLE		Change Addition		
NAME		3.2 NAME				
STHEET ADDRESS		3.3 STREET ADDRESS				
DITY - S! - ZIP		3.4. CITY-ST-21P				
TITLE	☐ DELETE	4.1 TITLE		Change Addition		
NAME		4, 2 NAME		i		
STHEET ADDRESS		4.3 STREET ADDRESS				
C-TY - ST - ZIP		4.4 CITY-ST-ZIP				
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CHTY+S1+ZIP		5.4 City-St-ZiP				
THLE	DELETE	6.1 TITLE		Change Addition		
NAVé		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CiTY+S1+7IP		6.4 CITY - ST-ZIP				
	by certify that the information supplied with this filing does not qualify the		ated in Section 119 07(3)(i). Florida Statutes	further certify that the		

14. Too hereby certify that the information supplied with this hling does not quality 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

813 391 4257