

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000015478 (9)

1. Corporation Name
ALL THAT ART, INC.

Principal Place of Business

18 SW BROADWAY
OCALA FL 34474
US

Mailing Address

PO BOX 6677
OCALA FL 34478
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/22/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0389922	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 18 SW BROADWAY

27 Suite, Apt. #, etc.

28 City & State

29 Ocala, FL

30 Zip

31 Country

32 US

9. Name and Address of Current Registered Agent

LEE, STEPHEN P
18 SW BROADWAY
OCALA FL 34474

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	LEE, LINDA	
STREET ADDRESS	3911 S.E. 52ND ST.	
CITY-ST-ZIP	OCALA FL 34480	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR/PRESIDENT	Change	Addition
1.2 NAME	LEE, LINDA		
1.3 STREET ADDRESS	3911 SE 52 ST		
1.4 CITY-ST-ZIP	OCALA, FL 34480		
2.1 TITLE	VICE PRESIDENT	Change	Addition
2.2 NAME	LEE, STEPHEN P.		
2.3 STREET ADDRESS	3911 SE 52 ST		
2.4 CITY-ST-ZIP	OCALA, FL 34480		
3.1 TITLE	TREASURER	Change	Addition
3.2 NAME	LEE, ROBERT G.		
3.3 STREET ADDRESS	3911 SE 52 ST.		
3.4 CITY-ST-ZIP	OCALA, FL 34480		
4.1 TITLE	SECRETARY	Change	Addition
4.2 NAME	LEE, MELISSA		
4.3 STREET ADDRESS	351 GEOFFREY PLACE		
4.4 CITY-ST-ZIP	LAKE MARY, FL 32746		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (4/97)