

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 MAR 10 PM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036547 (6)**

1. Corporation Name
PAIN & INK, INC.

Principal Place of Business
**1750 SHOREVIEW DRIVE
INDIALANTIC FL 32903**

Mailing Address
**1750 SHOREVIEW DRIVE
INDIALANTIC FL 32903**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/19/1993	3a. Date of Last Report 04/13/1994
4. FEI Number 59-3182303	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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**PANOSIAN, STORMY
1750 SHOREVIEW DRIVE
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PANOSIAN, DANIEL
STREET ADDRESS	1750 SHOREVIEW DRIVE
CITY-ST-ZIP	INDIALANTIC FL 32903
TITLE	ST
NAME	PANOSIAN, STORMY
STREET ADDRESS	1750 SHOREVIEW DRIVE
CITY-ST-ZIP	INDIALANTIC FL 32903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Stormy Panosian **STORMY PANOSIAN ST** 2/13/95 **(107) 723-0263**
Date: _____ Distinguishing # _____

Pain & Ink Inc. Annual Report
1/1/94 Through 12/31/94

2/13/95

PAIN&INK-All Accounts

Page 1

Category Description	1/1/94 12/31/94
INCOME/EXPENSE	
INCOME	
Income	402,020.83
tax refund	399.49
Income - Other	19,998.40
TOTAL INCOME	422,418.72
EXPENSES	
Accounting	1,732.50
Art Equipment	1,446.30
Art supply	2,610.78
Bank fees	136.00
Board/Meeting	3,695.06
Car & Truck	159.41
Con/Travel	3,901.05
Convention/Cloth	600.44
Convention/Food	1,222.38
Convention/hotel	1,153.21
corp tax	35,177.00
Donations	1,000.00
education	11,244.20
equip/Maintenance	74.15
Freelance artists	21,062.38
Insurance	1,810.00
Late Payment Fees	76.96
Meals & Ent.	4,318.92
Moving expense	5,031.25
Office equip	2,037.96
Office Expenses	52.99
Office Improve	7,549.03
Office move	449.20
Office supplies	3,228.35
Office/Maintenance	1,912.04
Payroll:	
FICA Employer	9,146.45
FICA Expense	114.75
FL Unemployment Fund	1,104.48
Gross	116,500.00
Tax/FUTA	190.40
Total Payroll	127,056.08
phone car	634.00
Rent Paid	19,195.96
retirement plan	925.00
Shipping	1,643.92
Tax corp report	200.00
Telephone	1,847.03
Travel Expenses	2,041.49
Expenses - Other	0.00
TOTAL EXPENSES	265,225.04
TOTAL INCOME/EXPENSE	157,193.68