

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

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Mar 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000088390 (8)

1. Corporation Name:  
THE ART SPOT, INC.

Principal Place of Business  
10863 SO. OCEAN DR.  
JENSEN BEACH FL 34957

Mailing Address  
4720 SANDPEBBLE TRACE  
NO. 201  
STUART FL 34996-1415



2. Principal Place of Business 21 31 SW OCEAN ST Suite, Apt. #, etc. 22 City & State 23 STUART FL Zip 24 34996		2a. Mailing Address 26 295 SE ST LUCIE BLVD Suite, Apt. #, etc. 27 City & State 28 STUART FL Zip 29 34996		Country 30 MARTIN		3. Date Incorporated or Qualified 12/20/1993	3a. Date of Last Report 03/15/1996	4. FEI Number 65-0489126	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									

9. Name and Address of Current Registered Agent HAINLINE T.R. JR. 1301 GULF LIFE DR. SUITE 1500 JACKSONVILLE FL 32207				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			
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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: *Jane Miller* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	MILLER, JANE	4720 SANDPEBBLE TRACE, #201	STUART FL 34996			295 SE ST LUCIE BLVD	STUART FL 34996-1316
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	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: *Jane Miller* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: DAYTIME PHONE #

CR2E034 (9/96)