

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # P94000005204 (0)
1. Corporation Name
THE ARTIGAS FAMILY, INC.

Principal Place of Business
8208 N THATCHER
TAMPA FL 33614

Mailing Address
8208 N THATCHER
TAMPA FL 33614

APPROVED
AND
FILED
95 MAY -1/ AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001488086
-05/16/95--01012--015
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
01/24/1994

3a. Date of Last Report

4. FEI Number
59-322246

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
CARDENAS, RALPH
7137 N ARMENIA AVE
TAMPA FL 33604

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 607.0502, Florida Statutes.

SIGNATURE *[Signature]* DATE 4-25-95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	ARTIGAS, GILBERT W	8208 N THATCHER	TAMPA FL 33614

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
1.1	1.2	1.3	1.4
2.1	2.2	2.3	2.4
3.1	3.2	3.3	3.4
4.1	4.2	4.3	4.4
5.1	5.2	5.3	5.4
6.1	6.2	6.3	6.4

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: *[Signature]* DATE 5-1-95