

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000006570 (3)

1. Corporation Name
ARTS IMPACT, INC.



Principal Place of Business: **2623 JETTON AVE. TAMPA FL 33629**
Mailing Address: **2623 JETTON AVE. TAMPA FL 33629**

3. Date Incorporated or Qualified: **01/18/1994**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **59-3231499**
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

2. Principal Place of Business: **2623 JETTON AVE. TAMPA FL 33629**
2a. Mailing Address: **2623 JETTON AVE. TAMPA FL 33629**
21. Suite, Apt. #, etc.:
22. City & State:
23. Zip: **33629** Country:
24. Zip: **33629** Country:

9. Name and Address of Current Registered Agent
**MARS, MARILYN
2623 JETTON AVE.
TAMPA FL 33629**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
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 the Agent's title. (DATE) Registered Agent sign this required when registering.

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARS, MARILYN	
STREET ADDRESS	2623 JETTON AVE.	
CITY - ST - ZIP	TAMPA FL 33629	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ELLEN R	
STREET ADDRESS	1033 NORMANDY TRACE ROAD	
CITY - ST - ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice President
2.3 STREET ADDRESS	Thomas A. Davidson
2.4 CITY - ST - ZIP	2623 Jetton Ave.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Tampa, FL 33602
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 119.07(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: Marilyn Mars **Marilyn Mars** 4/18/96 813-251-3688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)