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

Mailino Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000082152 (7)

PATRON OF THE ARTS, INC.

200 HERON SARASOTA	NS RUN DR #224 FL 34232	200 HERONS RUN DR SARASOTA FL 34232-1							
					3. Date Incorporated or Qualified 3a. Date of Last Report 11/09/1994 02/05/1996			eport	
2. Principal Place of Business 2a. Mailing Add						4. FEI Number	Applied For		
21		26				65-0541727 Not Applica			t Applicabl
Suite, Apt. #, etc		Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & 5	State	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zφ	Country	Zip	Co	untry		8. This corporation has liability for			199.032,
24	25	29	30	·,			Yes	-	
	Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent 81 Name					
200 HERONS RUN DR #224 Sarasota Fl 34232				82 83					
				84	City		FL	85 Zip (Code
office	rant to the provisions of Sections 607.0 or registered agent, or both, in the St I. Lam familiar with, and accept the ob	ate of Florida. Such change w	vas authoriza	ed by	the corpora	poration submits this statement for the tion's board of directors. I hereby acce	ourbose (of changing its	s registere registered
SIGNATUI	RE Signature, typod or printed name of registured	Language and of a damping and a second	AUOTE Basista	ad 4 a			DATE		
12. OFFICERS AND DIRECTORS			13.				D DIRECTOR	S IN 12	
TILE	P	DELETE		TITLE				Change	Additio
NAME	RANKIN, MICHAEL G.		1.21	1.2 NAME					
STREET ALIDR	ESS 200 HERONS RUN DR #22	4	1.3 :	STAEET	ADDRESS				
CITY - S1 - ZIP	SARASOTA FL		1.4 (CITY-S	T-21P				
TITLE	DELETE		2.11	2.1 TITLE				Change	Additio
NAME			2.2	22 NAME					
STREET ADDRE	FSS		2.3	STREET	ADDRESS				
CITY-\$1-2IP					ST-ZIP			····	· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	1	TITLE	į.			Change	Additio
NAMÉ			3.2	NAME					
STREET ADDR	ess		3,3	STAEET	ADDRESS				

64 City-St-ZiP

14. If 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CITY - S1 - ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

C(1Y-51-2)P

TITLE

Tift

NAME

TITUE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15, 1997

941 379-4497

Change

Change

Change

Addition

Addition

Addition

FILED

Apr 22 1997 8:00am

Secretary of State

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