

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000064383 (9)

1. Corporation Name

C-THRU SOUTH & FINE ARTS, INC.

Principal Place of Business

**515 W. CENTRAL BLVD.
ORLANDO FL 32801**

Mailing Address

**515 W. CENTRAL BLVD.
ORLANDO FL 32801**



2. Principal Place of Business

21

Suite, Apt. #, etc.

26 Mailing Address

27

Suite, Apt. #, etc.

City & State

23

City & State

28

City & State

Zip

24

Country

25

Zip

29

Country

30

Country

3. Date Incorporated or Qualified

08/21/1995

3a. Date of Last Report

4. FEI Number

59-333-2750

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75

Additional Fee Required

6. Election Campaign Financing

\$5.00

May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**ANDERSON, WENDY
390 N. ORANGE AVE., SUITE 1300
ORLANDO FL 32801**

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 607.0302 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 the requirements of Section 607.1508, Florida Statutes.

SIGNATURE

Signature of Registered Agent and Title Applicable

(NOTE: Registered Agent's signature required when reinstating)

4-25-96

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE

D

DELETE

1.1 TITLE

NAME

POTTER, DANNY L

1.2 NAME

STREET ADDRESS

6375 E. FOREST CITY ROAD

1.3 STREET ADDRESS

CITY-ST-ZIP

ORLANDO FL 32810

1.4 CITY-ST-ZIP

TITLE

D

DELETE

2.1 TITLE

NAME

MARTIN, BLANDIE

2.2 NAME

STREET ADDRESS

5401 GOLF COURSE DRIVE

2.3 STREET ADDRESS

CITY-ST-ZIP

JACKSONVILLE FL 32777

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

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900001837599

05/23/96-01097-025

*****200.00**

5/1/96

5/1/96

5/1/96

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: *D. L. Potter* **DANNY L. POTTER** **5-10-96** **4078720004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)