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

PROFIT CORPORATION



FLORIC PARTMENT OF STATE

ANNUAL REPORT	Sandra B Kontham Secretary of State	
1996	DIVISION OF CORPORATIONS	
DOCUMENT # PS	95000073657 (5)	
ART & DESIGN OF THE (GULF COAST, INC.	
Principal Place of Business	Mailing Address	
237 HIGHWAY AVE. FT. WALTON BEACH FL 32547	237 HIGHWAY AVE. FT. WALTON BEACH FL 32547	
		3.
2. Principal Place of Business	2a. Mailing Address	4.
21	26 127 Hwy 98 East Suite, Apt. #, etc.	
Suite 1	27 Suite 1	5.



FT. WALTON BEACH FL 32547		FT. WALTON BEACH FL 32547			ŀ				
						3. Date Incorporated or Qualified 09/19/1995	3a. Date	of Last R	eport
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21 127	#, etc.	26 127 Hwy	98 Eas	±		59-334460	0	1	eidspirgA tcN
	te 1	Suite Apt. #, etc. 27 Suite 1				5. Certificate of Status Desired			Additional Required
City & State 23 Destin Fl 28		City & State 28 Destin F	~n ′		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Ζιρ 24 325	Country	Zip	Country		oosa	8. This corporation has liability for a Florida Statutes Yes		ix under s	199,032,
-323	41 25 Okaloos 9. Name and Address of Curren	nt Registered Agent	URa		.uusa .	10. Name and Address of New R	egistered	Agent	
			81		Name				
HEALD.	VIRGINIA		82	ļ.,	Cton ob Antal	ress (P.O. Box Number is Not Acceptab	(a)		
	HWAY AVE.		02	`	Street Addir	ress (F.O. BOX Number is Not Acceptab	ю		
FT. WAI	LTON BEACH FL 32547		83						
			84		City			OF 7.	Coda
					,		FL	. "	o Code
or register	o the provisions of Sections 607.0502 ed agent, or both, in the State of Fiori h, and accept the colligations of, Sect	da. Such change was authorize	ed by the com	nar Ora	ned corpor ation's boar	ration submits this statement for the pur rd of directors. Thereby accept the appor	pose of cha pintment as	inging its r registered	egistered office agent Ham
SIGNATURE	· · · · · · · · · · · · · · · · · · ·								
12.	Signature, typed or prices mana inchegistered agent	D DIRECTORS	It: Fingesteraut Ager	:1 3i	griative requires		CMT:	Pope Oxon	
TITLE	.D OFFICERS AN	F1 DELETE	13.			ADDITIONS/CHANGES TO OFF		Change	RS IN 12 Addit on
NAME	HEALD, VIRGINIA		1.2 NAME					. change	Musicum
STREET ADORESS	237 HIGHWAY AVE.		1.3 STREET	YD.	nnec: 14	LT HIGHWAY 98 E,	Ste.	. 1	
CITY - ST - ZIP	FT. WALTON BEACH FL 325	547	1.3 STREET	_		ESTIN, FL 3254			
TITLE	D	DELÈ IE	2 1 TITLE	31 - 2		32.54		Change	Addition
NAME	WRIGHT, DENISE		2.2 NAME				•		
STREET ADDRESS	237 HIGHWAY AVE.		2.3.5(866)	· AD	IDRESS 12	THIGHWAY TBE,	ste.	ļ	
CITY - ST - ZIP	FT. WALTON BEACH FL 325	547	2.4 City - 9			63TIN, FL 3254			
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NAME			3.2 NAME						_
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CITY - ST - ZIP			3.4 CiTy - 9	1 - 2	ZIF				
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NAME			4.2 NAME						
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NAME			5.2 NAME						
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CITY - ST - ZIP			5 4 Cily - 9	1 · 2	216				
TITLE		DELETE	6 1 TALE			20000184	137	-} G <u>na</u> nge	☐ Addition
NAME			6.2 NAME			-05/30/96010	0804	1 3	6/.
STREET ADDRESS			6.3 STREET	AD.	IDRES:5	***200.00	· ·		1130
ALT: - AT 7:0									

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 | Turther 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 cath; 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 altachment with an address

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR WHO HAT May 15 1996 904. 837-3993

CR2E034 (12/95)