

**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 # **P95000084129 (2)**

1. Corporation Name

**IT'S ALL ART, INC.**



Principal Place of Business: **106 W. MAIN ST. INVERNESS FL 34450**  
Mailing Address: **106 W. MAIN ST. INVERNESS FL 34450**

3. Date Incorporated or Qualified: **10/30/1995**  
3a. Date of Last Report

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-3340198</b>	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24	29	29	30	30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>BRADSHAW, R. WESLEY 209 COURTHOUSE SQUARE INVERNESS FL 34450</b>		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKER, LUCILLE A</b>	1.2 NAME	
STREET ADDRESS	<b>475 LANDING BLVD.</b>	1.3 STREET ADDRESS	<b>600 CHARLESTON CT</b>
CITY-ST-ZIP	<b>INVERNESS FL 34450</b>	1.4 CITY-ST-ZIP	<b>HERNANDO FL 34442</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKER, MICHAEL K</b>	2.2 NAME	
STREET ADDRESS	<b>475 LANDING BLVD.</b>	2.3 STREET ADDRESS	<b>600 E. CHARLESTON CT</b>
CITY-ST-ZIP	<b>INVERNESS FL 34450</b>	2.4 CITY-ST-ZIP	<b>HERNANDO FL 34442</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKER, MICHAEL K JR.</b>	3.2 NAME	
STREET ADDRESS	<b>475 LANDING BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL 34450</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKER, MARK K</b>	4.2 NAME	
STREET ADDRESS	<b>4812 WARRIOR LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIPERRY, ROSE</b>	5.2 NAME	
STREET ADDRESS	<b>9510 EL PORTAL CT.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENTURA CA 93004</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Michael K Baker* **29 Apr 96** (352) 860-1112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)