

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

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34450-4853
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3. Date Incorporated or Qualified 10/30/1995	3a. Date of Last Report 04/30/1996
4. FEI Number 59-3340198	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

BRADSHAW, R. WESLEY
209 COURTHOUSE SQUARE
INVERNESS FL 34450

10. Name and Address of New Registered Agent

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 607.0502 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

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BAKER, LUCILLE A
STREET ADDRESS	600 CHARLESTON CTR
CITY-ST-ZIP	HERNANDO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BAKER, MICHAEL K
STREET ADDRESS	600 E CHARLESTON CT
CITY-ST-ZIP	HERNANDO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BAKER, MICHAEL K JR.
STREET ADDRESS	475 LANDING BLVD.
CITY-ST-ZIP	INVERNESS FL 34450
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BAKER, MARK K
STREET ADDRESS	4812 WARRIOR LANE
CITY-ST-ZIP	KISSIMMEE FL 34746
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DIPERRY, ROSE
STREET ADDRESS	9510 EL PORTAL CT.
CITY-ST-ZIP	VENTURA CA 93004
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	JAMES H DUNIGAN
13 STREET ADDRESS	106 W MAIN STREET
14 CITY-ST-ZIP	INVERNESS, FL 34450
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
3.3 STREET ADDRESS	
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
52 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE:  DATE: **4/1/97** DAYTIME PHONE #: **582-80-1112**

CR2E034 (9/96)