

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091931 (2)

1. Corporation Name
ARTISAN CORPORATION



Principal Place of Business
**3771 DERBY DR., #602
PALM HARBOR FL 34684**

Mailing Address
**3771 DERBY DR., #602
PALM HARBOR FL 34684**

3. Date Incorporated or Qualified
11/30/1995

3a. Date of Last Report
~~11/30/96~~

4. FEI Number
59-3344719

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
3771 Derby Drive #602					3771 Derby Dr # 602				
Suite, Apt. #, etc.					Suite, Apt. etc.				
Palm Harbor FL					Palm Harbor FL				
City & State					City & State				
34684 USA					34684 USA				
Zip Country					Zip Country				

9. Name and Address of Current Registered Agent

**JESRANI, ROGER M
3771 DERBY DR., #602
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **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 registering)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JESRANI, ROGER M	
STREET ADDRESS	3771 DERBY DR., #602	
CITY - ST - ZIP	PALM HARBOR FL 34684	
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Jesrani, Marilyn
13 STREET ADDRESS	3771 Derby Dr. #602
14 CITY - ST - ZIP	Palm Harbor FL 34684
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: Marilyn Jesrani Marilyn Jesrani 3/2/96 (813) 786-7383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)