

FILE NOW: FILING FEE IS \$61.25

FILED
May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name ARTISAN PRO, INC.		P96000021083	
Principal Place of Business		Mailing Address	
2. Principal Place of Business		3. Date Incorporated or Qualified MARCH 5, 1996	
21 824 CHRISTINA CR.		3a. Date of Last Report N/A	
22 Suite, Apt. #, etc.		4. FEI Number 59-3369433	
23 City & State OLDSMAR FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34677		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country PINELLAS		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26 Mailing Address 4754 FIELDSTONE DR.		9. Name and Address of Current Registered Agent TINA F MABE 824 CHRISTINA CR. OLDSMAR, FL. 34677	
27 Suite, Apt. #, etc.		10. Name and Address of New Registered Agent	
28 City & State WEST DES MOINES, IA		81 Name TINA F MABE	
29 Zip 50265		82 Street Address (P.O. Box Number is Not Acceptable) 824 CHRISTINA CR.	
30 Country POLK		83	
		84 City OLDSMAR	
		85 Zip Code FL 34677	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE DANNY L. MABE - PRESIDENT DATE 4-16-97			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DANNY L. MABE		1.2 NAME	
STREET ADDRESS 4754 FIELDSTONE DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP WEST DES MOINES, IA 50265		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TINA F. MABE		2.2 NAME	
STREET ADDRESS 824 CHRISTINA CR.		2.3 STREET ADDRESS	
CITY-ST-ZIP OLDSMAR, FL 34677		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TOM NICOLAOS		3.2 NAME	
STREET ADDRESS 824 CHRISTINA CR.		3.3 STREET ADDRESS	
CITY-ST-ZIP OLDSMAR, FL. 34677		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DANNY L. MABE - PRESIDENT** DATE **4/16/97** DAYTIME PHONE # **515-267-8988**

CR2E037 (9/96)