

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 4:4

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S53806** (3)
1. Corporation Name
THE EXHIBITIONISTS, INC.

Principal Place of Business: **6279 WALK CIRCLE BOCA RATON FL 33433**
Mailing Address: **6279 WALK CIRCLE BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Organized 05/17/1991	3a. Date of Last Report 04/06/1994
4. FEI Number 65-0269218	Applies For <input type="checkbox"/> Not Applicable
5. 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 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**NIESEN, LOIS
6279 WALK CIRCLE
BOCA RATON FL 33433**

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 609.01 and 609.15(3) 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 609.15(3) Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (P. 1)	
12a. TITLE PT	12b. NAME NIESEN, LOIS	13a. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12c. STREET ADDRESS 6279 WALK CIRCLE	12d. CITY, STATE, ZIP BOCA RATON FL	13b. NAME	
12e. TITLE S	12f. NAME ROCK, BONNY ANN	13c. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12g. STREET ADDRESS 4626 SW 23RD AVE	12h. CITY, STATE, ZIP CAPE CORAL FL	13d. NAME	
12i. TITLE	12j. NAME	13e. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12k. STREET ADDRESS	12l. NAME	13f. STREET ADDRESS	
12m. CITY, STATE, ZIP	12n. CITY, STATE, ZIP	13g. CITY, STATE, ZIP	
12o. TITLE	12p. NAME	13h. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12q. STREET ADDRESS	12r. NAME	13i. STREET ADDRESS	
12s. CITY, STATE, ZIP	12t. CITY, STATE, ZIP	13j. CITY, STATE, ZIP	
12u. TITLE	12v. NAME	13k. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12w. STREET ADDRESS	12x. NAME	13l. STREET ADDRESS	
12y. CITY, STATE, ZIP	12z. CITY, STATE, ZIP	13m. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing voluntarily furnished and given and equally for the exemptions stated in Sections 609.01(3), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made and certified. That I am an officer or director of the corporation or the owner or trustee empowered to use 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 affidavit with an addition.

SIGNATURE: *Lois Niesen* **Lois NIESEN PRES** 4/25/95 407-392-7889
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathran
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
5/13/95

RECEIVED
MAY 13 1995
TALLAHASSEE, FLORIDA

DOCUMENT # **S53939**
EQUITY FUNDED CONCEPTS, INC.

(2)

Principal Office Address: **PO BOX 350190
PALM COAST FL 32135
US**
Mailing Address: **PO BOX 350190
PALM COAST FL 32135
US**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Created	3a. Date of Last Report
05/13/1991	05/01/1994
4. FFI Number	Applied For / Not Applicable
59-3068546	
5. Certificate of Status: Located	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has liability for intangible taxes under Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Office Address	2a. Mailing Address
21	26
22. State, Apt. # etc.	27. State, Apt. # etc.
23. City & State	28. City & State
24. Yes <input type="checkbox"/> No <input type="checkbox"/>	29. Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Yes <input type="checkbox"/> No <input type="checkbox"/>	30. Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GIGLIO, SANDY 9 BLEAU CT PALM COAST FL 32137	B1. Name
	B2. Street Address (P.O. Box Number is Not Acceptable)
	B3. City
	B4. City FL B5. Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.1508, Florida Statutes, the above named corporation accepts 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 607.06(2), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Requester)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	GIGLIO, SANDY	1.2 NAME	
3. STREET ADDRESS	9 BLEAU CT	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	PALM COAST FL	1.4 CITY, ST, ZIP	
5. TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY, ST, ZIP		2.4 CITY, ST, ZIP	
9. TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY, ST, ZIP		3.4 CITY, ST, ZIP	
13. TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
17. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and correct, and equally for the corporation stated in law here. I have read this Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation 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 on Block 1, 2 or Block 13 of this report or on an affidavit filed with this filing.

SIGNATURE: *Sandy C. Giglio*
SANDY C. GIGLIO

4/29/95 (904) 445-4497