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**Mar 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V32941 (9)

1. Corporation Name
ART WORKS ORLANDO, INC.



Principal Place of Business: **110 W COLONIAL DR ORLANDO FL 32801**

Mailing Address: **110 W COLONIAL DR ORLANDO FL 32801-1325**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/30/1992	3a. Date of Last Report 04/10/1996
21. State, Apt #, etc.	22. City & State	23. Zip	24. Country	25. State, Apt #, etc.	26. City & State
27. Zip	28. Country	29. Zip	30. Country	4. FEI Number 59-3122327	Applied For Not Applicable
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

PETTERSON, KATHRYN K
1167 LAKEVIEW DR
WINTER PARK FL 32789

81. Name

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

83.

84. City

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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTERSON, KATHRYN K	1.2 NAME	
STREET ADDRESS	1167 LAKEVIEW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTERSON, RICHARD A	2.2 NAME	
STREET ADDRESS	1167 LAKEVIEW DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 included 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: *Richard A. Peterson, TREAS* Date: **3-7-97** (407) 423-1475

RICHARD A. PETERSON, TREASURY

CR2E034 (9/96)