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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997			Secreta	B. Mortham ary of State CORPORATIONS	Secretary of State		
DOCUMENT # 636811 (2) ART NOW INC.					- 1 10014 B 84100 11110 01101 40401 11001 11011 B1011 B1011 B1011 B1011 B1011 B1011 B1011 B1011		
Principal Place of Business 11885 S.W. 62 AVENUE MIAMI FL 33156		11885 S	Address S.W. 62 AVENUE FL 33158-4910				
					3. Date Incorporated or Qualified 09/20/1979	3a. Date of Last Re 05/31/1996	eport
2. Principal I	lace of Business	2a. Mai 26	ling Address		4. FEI Number 59-1978504	 	pplied For of Applicable
Suite, Apt	#, etc	Suit	e, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
22 City & Stat	Ū.	27 City	& State		6. Election Campaign Financing	\$5.00	
23] Z-p	Country	28 Zip		Country	Trust Fund Contribution	Added t	
24]	25]	29		30		Yes No	199.032,
	9. Name and Address of	of Current Registered	i Agent	81 Name	10. Name and Address of New Re	ilstered Agent	
	INE, JOAN 85 S.W. 62 AVENUE				Janes (D.O. Bay Niyabay la Nat Accordab	lo)	
	MI FL 33158				dress (P.O. Box Number is Not Acceptab		
				83			
				84 City		FL 85 Zip C	Code
11. Persuant	to the provisions of Sections	607.0502 and 607.15	i08, Florida Statu	tes, the above named cor	poration submits this statement for the p	urpose of changing it	s registered
office or r agent. La	registered agent, or both, in am familiar with, and accept	the State of Florida. Si the obligations of, Sec	uch change was ption 607.0505, F	authorized by the corpora lorida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept	the appointment as	registered
SiGNATURE	Stignature: typind or printed name of te	gravered agent and title if appl	iicable (NO	ITE. Registered Agent signature requ	uired when reinstating)	DATE	
12.	OFFIC	CERS AND DIRECTOR	RS	13.	ADDITIONS/CHANGES TO OFFIC		
T-[1#	PD Levine, Joan		DELETE	1.1 TITLE		L Change	Addition
NAME STREET ADDRESS	11885 S.W. 62 AVENU	IE .		1.2 NAME 1.3 Street address			
CITY ST-ZIP	MIAMI FL	-		1.4 CITY-ST-ZIP			
Till(f	VD		☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	LEVINE, JERROLD	ne		2.2 NAME	•		
STREET ADDRESS	11885 S.W. 62 AVENU MIAMI FL	IC.		2.3 STREET ADDRESS :			1
011y 51 205 1/11 f	VD		DELETE	31 TITLE		Change	Addition
NAME	LEVINE, TODD			3.2 NAME	:		Ì
SPREET ADDRESS	11885 S.W. 62 AVENU	E		3.3 STREET ADDRESS			{
COY-SI-ZIP TITLE	MIAMI FL		DELETE	3.4. C(TY - \$T - Z(P) 4.1 T(TLE)		Change	Addition
N4Mi			L_ Otto-t	4. 2 NAME		- Sinurgo	
STREET ALTORESS	ļ			4.3 STREET ADDRESS			
CHY ST-Z-P			Prietr	4.4 CITY-ST-ZIP	······································	FT 65	Addition
THUE NAME			DELETE	5.1 TITLE 5.2 NAME	process of the second of the s	Change	L_] Addition
STREET ADDRESS				5.3 STREET ADDRESS			}
Crity - \$1 - ZiP				5.4 CITY-\$T-ZIP			
TITLE			DELETE	6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
14. I do here	I	n supplied with this file	ng does not qua	6.4 City-St-ZiP lify for the exemption state	ed in Section 119.07(3)(i), Florida Statule	s. I further certify that	the
informatio Lam an c appears	on inclicated on this annual r officer or director of the corp in Block 12 or Block 13 if ch	eport or supplemental oration or the receiver arged, ir on an attact	annual report is or trustee empor hment with an ac	true and accurate and the wered to execute this repo idress.	at my signature shall have the same lega ort as required by Chapter 607, Florida S	leffect as if made und tatutes; and that my n	der oath; that name

SIGNATURE:

FILED

May 05 1997 8:00am