

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27212** (2)

1. Corporation Name
ARTSERVE, INC.

Principal Place of Business Mailing Address
% ENGLISH, MCCAUGHAN & O'BRYAN
100 N.E. 3RD AVE., STE.1100
FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **06/29/1988** 3a. Date of Last Report **04/06/1994**
4. FEI Number **65-0058919** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.022, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1350 E. Sunrise Blvd.** 26 **1350 E. Sunrise Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 100** 27 **Suite 100**
City & State City & State
23 **Ft. Lauderdale, FL** 28 **Ft. Lauderdale, FL**
Zip Country Zip Country
24 **33304** 25 **Broward** 29 **33304** 30 **Broward**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
EMO CORPORATE SERVICES, INC
ENGLISH, MCCAUGHAN & O'BRYAN
100 N.E. 3RD AVE., STE. 1100
FT. LAUDERDALE FL 33301
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 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 resigning) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | P | 11 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTSON, BRUCE | 12 NAME | Debbie Mason |
| STREET ADDRESS | 4901 NW 17TH WAY | 13 STREET ADDRESS | 3032 E. Commercial Blvd. |
| CITY - ST - ZIP | FORT LAUDERDALE FL | 14 CITY - ST - ZIP | Ft. Lauderdale, FL 33308 |
| TITLE | V | 21 TITLE | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEMBEK, CHRISTOPHER | 22 NAME | Mark Repetski |
| STREET ADDRESS | 200 EAST LAS OLAS BLVD, SUITE 100 | 23 STREET ADDRESS | 100 N.E. 3 Ave., Suite 700 |
| CITY - ST - ZIP | FORT LAUDERDALE FL 33301 | 24 CITY - ST - ZIP | Ft. Lauderdale, FL 33301 |
| TITLE | S | 31 TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUMONT, PATRICIA | 32 NAME | Angela M. Rosacker |
| STREET ADDRESS | 1531 SE 13TH STREET | 33 STREET ADDRESS | 200 E. Broward Blvd. |
| CITY - ST - ZIP | FORT LAUDERDALE FL | 34 CITY - ST - ZIP | Ft. Lauderdale, FL 33301 |
| TITLE | T | 41 TITLE | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REPETSKI, MARK | 42 NAME | Nancy Robin |
| STREET ADDRESS | 100 NE THIRD AVENUE | 43 STREET ADDRESS | 1750 E. Sunrise Blvd. |
| CITY - ST - ZIP | FORT LAUDERDALE FL | 44 CITY - ST - ZIP | Ft. Lauderdale, FL 33304 |
| TITLE | D | 51 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PINSON, ANDRIA F | 52 NAME | Andria F. Pinson |
| STREET ADDRESS | 5900 N-ANDREWS-AVE-#907 | 53 STREET ADDRESS | 1350 E. Sunrise Blvd., Suite 100 |
| CITY - ST - ZIP | FORT LAUDERDALE FL | 54 CITY - ST - ZIP | Ft. Lauderdale, FL 33304 |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 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)(g), 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 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: *Andria F. Pinson* **Andria F. Pinson, Executive Director** 4/26/95 (305)462-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Include Year & #)