

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N27212** (2)

1. Corporation Name  
**ARTSERVE, INC.**



Principal Place of Business Mailing Address  
**1350 E SUNRISE BLVD. SUITE 100 FT. LAUDERDALE FL 33304 US**

3. Date Incorporated or Qualified **06/29/1988** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>65-0058919</b>	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>EMO CORPORATE SERVICES, INC ENGLISH, MCCAUGHAN &amp; O'BRYAN 100 N.E. 3RD AVE., STE.1100 FT. LAUDERDALE FL 33301</b>				81	Name <b>Andria Pinson</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>5956 NW 55 Lane</b>		
				83			
				84	City <b>Tamarac</b>	FL	85

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 **Andria Pinson, Executive Director** *Andria Pinson* **6/5/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASON, DEBBIE			1.2 NAME	Mark Repetski		
STREET ADDRESS	3032 E COMMERCIAL BLVD.			1.3 STREET ADDRESS	100 NE 3 Ave., Suite 700		
CITY-ST-ZIP	FORT LAUDERDALE FL			1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	REPETSKI, MARK			2.2 NAME	Chris Dembeck		
STREET ADDRESS	100 N.E. 3 AVE., SUITE 700			2.3 STREET ADDRESS	505 S. Flagler Dr., Suite 1400		
CITY-ST-ZIP	FORT LAUDERDALE FL			2.4 CITY-ST-ZIP	West Palm Beach, FL 33401		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSACKER, ANGELA			3.2 NAME			
STREET ADDRESS	200 E BROWARD BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			3.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBIN, NANCY			4.2 NAME	Tom Bartelmo		
STREET ADDRESS	1750 E SUNRISE BLVD.			4.3 STREET ADDRESS	7900 Miami Lakes Dr. West		
CITY-ST-ZIP	FORT LAUDERDALE FL			4.4 CITY-ST-ZIP	Miami Lakes, FL 33016		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PINSON, ANDRIA F.			5.2 NAME			
STREET ADDRESS	1350 E SUNRISE BLVD., SUITE 100			5.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **ANDRIA PINSON,** *Andria Pinson* **6/5/96** **954-462-9191**  
EXECUTIVE DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)