## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORROBATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham
Sucretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N27212

1. Corporation Name

(2)

Corporation Name

ARTSERVE, INC.

**FILED** 

May 20 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address						"] \$						
1350 E SUNRIS	FRIVID	1350 E	SUNRISE BLVD.									
SUITE 100		SUITE	100									
FT. LAUDERDAL	.E FL 33304		JDERDALE FL 3330	)4-2815			-	Date Incorporated or Qualified	3a Ds	ate of Last R	Report	
US		US					J.,	06/29/1988	<b>σ</b> μ. Οδ	07/01/19		
2. Principal P	lace of Business	2a. Ma	iling Address				4.	FEI Number		A	pplied For	
21		26	26				65-0058919				ot Applicable	
Suite, Apl.	#, elc.	Su	Suite, Apt. #, etc.					Certificate of Status Desired	X		Additional	
22		27	27				<u> </u>	Contribute of Status Dealled	*	Fee R	equired	
City & State	е	Cit	City & State				6. Election Campaign Financing \$5.00 May Be					
23		28					Trust Fund Contribution Added to Fees					
Zip	Country	Zip	)	Cour	ntry		- 1	This corporation has liability to			i. 199.032,	
24	25	[29]		30				Florida Statutes Name and Address of New I	Yes [			
<i></i>	9. Name and Address of C	urrent Hegistere	o Agent		81	Name	10.	Name and Address of New I	ingistatau .	Vacin		
					٠.	M	s. I	Kendall Hardin				
•	TANDRIA			Ī	82	Street Addr	ess (P.	O. Box Number is Not Accept	able)			
	Y-55-LANE			ļ		<u></u>	350	East Sunrise Bl	va.		,	
!	-3RD AVE.; -STE:+100			ĺ	83	S	uite	e 100				
TAMARA	.C- <del>FL-33319</del> .			ŀ	84	City				85 Zip	Code 3304	
						F	ort	Lauderdale	FL	. 33	3304	
11. Pursuant	to the provisions of Sections 61 egistered agent, or both, in the im familiar with, and accept the	7.0502 and 617.1 State of Florida	1508, Florida Statu Such change was	utes, the ab	OVE hv	named corp. the corporati	oration	n submits this statement for the pard of directors. I hereby acc	purpose of ept the app	i changing i xointment as	its registered   s registered	
agent. I a	im familiar with, and accept the	obligations of Se	ection 617.0503, F	lorida Stati	utes				<b>ME</b> ( MEE			
SIGNATURE	Signature whed or printed name of registe							Ar	ril 17	1997		
					Ape	nt signature requir			DATE	- DIDECTOI	Bo 161 20	
12.		S AND DIRECTO	DELETE	13.	9	<del></del>		ADDITIONS/CHANGES TO OFF	TUERS AND	Change	Addition	
HILE	VP OUDIO		DELETE			v	-	ael Farver		TO CHANGE	L.J AUU-HOH	
NAME	DEMREGICACIES	TT 4400		1.2 NA				· · · · · · · · · · · · · · · · · · ·			ŀ	
STREET ADDRESS	505 G FLAGLER DR SUIT	KK XWU						West Tropical W	•		,	
CITY-ST-ZIP	WEST-PALM DEAGH FL		<b>▼</b> DELETE	1.4 CO 2.1 TM	_			tation, FL 3331	<u> </u>	Change	Addition	
TITLE	PD		PO DEFERE			l M	s. (	Chris Burggraf	, Toggi ke	PT CHAIRE	L ADDITION	
NAME	REPERSON MARK	700.		2.2 NA		1 2		Northeast 26 Av	enue		l	
STREET ADDRESS	MORNERS MAKE A SHIFTER					AUUKESS   16		Lauderdale, FL			1	
CiTY-ST-ZIP	FORE LAUBERDANS Riber		DECEME	2. 4 CI		T-ZIP *		2000010020, 12		Channa	Addition	
TITLE	S coretary	7	DELETE	3.1 111				÷		L Change	Addition	
NAME	ROSACKER, ANGELA			3.2 NA	_	1DDDC0C					ļ	
STREET ADDRESS	200 E BROWARD BLVD.		•			ADDRESS						
CITY-ST-ZIP	FORT LAUDERDALE FL		DELETE	3.4. CI		51 - ZIP		<del></del>		Change	Addition	
TITLE	, ,	•	T DETEIR	4.1 7)7						TT Anguiño	Las recontroll	
NAME	BARTELMO, TOM	WEOT		4.2 N								
STHEET ADDRESS	7900 MIAMI LAKES DR V	AF91				ADDRESS						
CITY-ST-ZIP	MIAMI LAKES FL		DELETE	4.4 Cf			Fva	cutive Director		X Change	Addition	
TITLE	D		PT DEFER	5.1 TiT		E E				NT ANGUING	Part Magnett	
NAME	PHISON/AMBRIATX	AUTE-400		5.2 NA				Kendall Hardin	11 ^		00	
STREET ADDRESS	X4850XEXEMPLISE BLVDX							D East Sunrise B			JU	
CITY-ST-ZIP	HORE LAUDERDALE File	K	DELETE.	5.4 CI		T-2IP	ror	t Lauderdale, FL	33304	4 Change	Addition	
TITLE			DELETE	6.1 TIT		.				Unange	LJ ADDITION	
NAME				6.2 NA								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		6.4 Cf			110	-11 440 07/0\/\tau = 1.1.0	4 (4-4)		4 4b -	
L 14 Ldo bare	by certify that the information su	ipplied with this f	iting does not oue	uity for the	exe	motion stated	ıın Se	ction 119.07(3)(i). Florida Statu	ites. I lunine	r certify that	a me	

4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 118.07(3)(1), 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

Kandall Hardin 3.3/-97 954-462-9/9/