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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 1350 E SUNRISE BLVD. SUITE 100 FT. LAUDERDALE FL 33304 US
Mailing Address: 1350 E SUNRISE BLVD. SUITE 100 FT. LAUDERDALE FL 33304 US

3. Date Incorporated or Qualified: 06/29/1988
4. FEI Number: 65-0058919
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: HARDIN, MS KENDALL, 1350 E SUNRISE BLD 100 FT LAUD FL 33304

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code.

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARVER, MICHAEL	1.2 NAME	
STREET ADDRESS	1080 W TROPICAL WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	PT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGAFF, CHARIS Chris	2.2 NAME	Burggraf, Chris
STREET ADDRESS	2716 NE 26 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	ST	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	77 East Camino Real
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTELMO, TOM	4.2 NAME	
STREET ADDRESS	7000 MIAMI LAKES DR WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP	
TITLE	ED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDIN, KENDALL	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		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 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 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: _____

CP2E037 (10/97)