
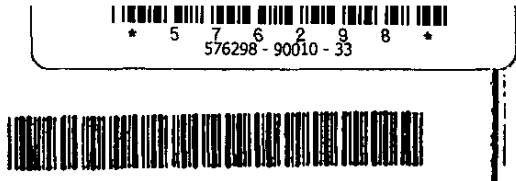


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90101 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N27212 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	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Subn. Apt. #, etc.	26 Subn. Apt. #, etc.	06/29/1988
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0058919
24 Country	29 Country	Applied For
	30 Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/>
10. Name and Address of New Registered Agent		\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent HARDIN, MS KENDALL 1350 E SUNRISE BLD 100 FT LAUD FL 33304		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	85 FL 86 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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	DELETE	1.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARVER, MICHAEL	1.2 NAME	ANN GREMILLION <i>Director</i>
STREET ADDRESS	1080 W TROPICAL WAY	1.3 STREET ADDRESS	200 S. Victoria Park Rd.
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	PORT LAUDERDALE, FL 33301
TITLE	DELETE	2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGGRAF, C	2.2 NAME	MICHAEL FARVER <i>Director</i>
STREET ADDRESS	2716 NE 26 AVE	2.3 STREET ADDRESS	1080-W-TROPICAL WAY
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	PLANTATION FL 33317
TITLE	DELETE	3.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSACKER, ANGELA	3.2 NAME	RANDALL BENSTON <i>Director</i>
STREET ADDRESS	77 E CAMINO REAL	3.3 STREET ADDRESS	5130 NE 29 Avenue
CITY-ST-ZIP	BOCA RATON FL 33432	3.4 CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064
TITLE	DELETE	4.1 TITLE	
NAME	HARDIN, KENDALL	4.2 NAME	
STREET ADDRESS	1350 E SUNRISE BLVD., SUITE 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
Kendall Hardin 5/5/99 954-462-9191
 6/1/99 same

CR2E087 (1/1988)