FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41239** **(7)**

1. Corporation Name
ARTARGET, INC.

Principal Place of Business	Mailing Address
P.O.BOX 49732 SARASOTA FL 34230	P.O.BOX 49732 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1990
3a. Date of Last Report: 07/08/1994
4. FEI Number: 65-0236857 ☐ 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. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 PO Box 49733	26 PO Box 49733
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Sarasota, FL	28 City & State: Sarasota, FL
24 Zip: 34230 25 Country: USA	29 Zip: 34230 30 Country: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEE, H. GREG 2014 FOURTH ST SARASOTA FL 34237	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 _____ 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 D NAME ~~GOLDBERG, EILEEN~~ omit *** STREET ADDRESS ~~2244 SIESTA DR.~~ CITY-ST-ZIP ~~SARASOTA FL 34239~~	1.1 TITLE P/D ☒ Change ☐ Addition 1.2 NAME Pamela Sumner 1.3 STREET ADDRESS 555 S Gulfstream Av #903 1.4 CITY-ST-ZIP Sarasota, FL 34236
TITLE D NAME ~~CORRIGAN, ROSSANNA~~ omit *** STREET ADDRESS ~~1040 20TH ST. W. #1506~~ CITY-ST-ZIP ~~SARASOTA FL 34207~~	2.1 TITLE VP/T/D ☒ Change ☐ Addition 2.2 NAME Donald Roll 2.3 STREET ADDRESS 811 S School Av 2.4 CITY-ST-ZIP Sarasota, FL 34237
TITLE D NAME ~~VIRGINIA HOFFMAN~~ omit *** STREET ADDRESS ~~P.O.BOX 2712 NAP~~ CITY-ST-ZIP ~~SARASOTA FL 34230~~	3.1 TITLE S/D ☒ Change ☐ Addition 3.2 NAME Carl Keeler 3.3 STREET ADDRESS 211 Chauncey Av E 3.4 CITY-ST-ZIP Bradenton, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE D ☐ Change ☒ Addition 4.2 NAME Louise Hamel 4.3 STREET ADDRESS 520 Ohio Pl 4.4 CITY-ST-ZIP Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE D ☐ Change ☒ Addition 5.2 NAME Lee Frank 5.3 STREET ADDRESS 641 45th St 5.4 CITY-ST-ZIP Sarasota, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

***NOTE: These omissions were incorrectly marked on this form by a disgruntled, resigning director. If there are any problems, please contact us. THANK YOU!

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)(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: Pamela Sumner 3/18/95 (813)957-3728
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pamela Sumner, President

COR3(10)