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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
ARTARGET, INC.

Principal Place of Business	Mailing Address
PO BOX 49733 SARASOTA FL 34230 US	PO BOX 49733 SARASOTA FL 34230-6733 US

3. Date Incorporated or Qualified: **12/14/1990**
3a. Date of Last Report: **03/26/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEE, H. GREG
2014 FOURTH ST
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name: ARTHUR L. TEPPER
82 Street Address (P.O. Box Number is Not Acceptable): ~~4080 FRUITVILLE~~ ROAD
83: SUITE H 101
84 City: SARASOTA FL 85 Zip Code: 34236

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: [signature] H. Roll — 2/5/97
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	D	☒ DELETE	1.1 TITLE	VPD	☐ Change ☒ Addition
NAME	HAMEL, LOUISE		1.2 NAME	KIM YOUNG-SHEPHERD	
STREET ADDRESS	520 OHIO PLACE		1.3 STREET ADDRESS	481 S. LINE AVE	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	T	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	AMOS, HAROLD		2.2 NAME	MARK ORMOND	
STREET ADDRESS	7248 ANTIGUA PLACE		2.3 STREET ADDRESS	5401 BAY SHORE ROAD	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA FL. 34243	
TITLE	~~PD~~ D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SUMNER, PAMELA		3.2 NAME	BILL HUFFMAN	
STREET ADDRESS	555 S GULFSTREAM AV 903		3.3 STREET ADDRESS	715 HAND AVE	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	~~VPD~~ PD	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ROLL, DONALD		4.2 NAME	PAUL YOUNGBLOOD (N/A)	
STREET ADDRESS	811 S SCHOOL AVE		4.3 STREET ADDRESS	PO BOX 20904	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA FL 34276	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KEELER, CARL		5.2 NAME		
STREET ADDRESS	211 CHAUNCEY AVE E		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KIM YOUNG-SHEPHERD		6.2 NAME		
STREET ADDRESS	481 S. LINE AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34237		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: [signature] 2/5/97