

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000042341 (4)

1. Corporation Name
ARTLINES, INC.



Principal Place of Business Mailing Address
265 SUNRISE AVE., SUITE 204 PALM BEACH FL 33408

2. Principal Place of Business
21 5700 F Coach House Circle
22 Unit F
23 Boca Raton Fl.
24 33486
25 USA
26 21346 St Andrews Blvd
27 Suite 205
28 Boca Raton, Fl.
29 33433
30 USA

3. Date incorporated or Qualified 05/24/1995
3a. Date of Last Report 05/24/1995
4. FEI Number 65-039-7341
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
MINTMIRE, DONALD F
265 SUNRISE AVE., SUITE 204
PALM BEACH FL 33408

10. Name and Address of New Registered Agent
81 Name Joanne Rothschild
82 Street Address (P.O. Box Number is Not Acceptable) 5700 F Coach House Circle
83
84 City Boca Raton FL 85 Zip Code 33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Joanne Rothschild, President Date: March 12, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joanne Rothschild	2. NAME	
STREET ADDRESS	5700 F Coach House Circle	3. STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, Fl. 33486	4. CITY-ST-ZIP	
TITLE	DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE	DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE	DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE	DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joanne Rothschild, President

CR2E034 (12/95)