

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 10 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000071020 (7)

1. Corporation Name
ARTRIX DIGITAL DESIGN, INC.



Principal Place of Business: **1025 SHILO ROAD SARASOTA FL 34240**

Mailing Address: **1025 SHILO ROAD SARASOTA FL 34240**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1952 FIELD RD	26	1952 FIELD RD	08/26/1996	
Suite, Apt. #, etc. B-1		Suite, Apt. #, etc. B-1		4. FEI Number	Applied For
City & State SARASOTA, FL		City & State SARASOTA, FL		65-0706498	Not Applicable
22	Zip 34231	27	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Country USA	28	Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 34231	29	Country USA	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHEA, JOHN
2940 SOUTH TAMAMI TRAIL
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
630 S. ORANGE AVE

83

84 City **SARASOTA** FL 85 Zip Code **34236**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONABLE, SAMUEL	
STREET ADDRESS	1025 SHILO ROAD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONABLE, LORI	
STREET ADDRESS	1025 SHILO ROAD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CONABLE, SAMUEL	
1.3 STREET ADDRESS	3601 FLAMINGO AVE	
1.4 CITY-ST-ZIP	SARASOTA, FL 34242	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CONABLE, LORI	
2.3 STREET ADDRESS	3601 FLAMINGO AVE	
2.4 CITY-ST-ZIP	SARASOTA, FL 34242	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lori Conable* 2/3/98 941-927-3878

CR2E034 (10/97)