

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

FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000007803
1. Corporation Name
~~Gridata Systems, Inc.~~
ArtData Systems Inc.

Principal Place of Business Mailing Address
1680 Michigan Avenue #701
Miami, FL 33139

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
January 27, 1997

21	21a	26	27
1680 Michigan Avenue	1680 Michigan Avenue	1680 Michigan Avenue	1680 Michigan Avenue
701	701	701	701
Miami Beach, Florida	Miami Beach, Florida	Miami Beach, Florida	Miami Beach, Florida
33139	U.S.A.	33139	U.S.A.

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
Michael Gleissner
1680 Michigan Avenue #701
Miami Beach, FL 33139

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City & State
84	City
85	Zip Code

11. Pursuant to the provisions of Section 607.052 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: *[Signature]* Michael Gleissner
Signature typed or printed name of registered agent and the filing date (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> DELETE
NAME	Michael Gleissner	
STREET ADDRESS	1680 Michigan Avenue #701	
CITY-ST-ZIP	Miami Beach, FL 33139	
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

11 TITLE	Michael Gleissner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	1221 First Ave, Apt. #2101	
13 STREET ADDRESS	Seattle WA 98101	
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	100002549741	
63 STREET ADDRESS	-06/05/98--01097--040	
64 CITY-ST-ZIP	***150.00	

14. I declare that the information furnished herein is true and correct and that my signature shall have the same legal effect as if made under oath. 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: *[Signature]* 5/1/98 206-374-2136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)