

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

0494E

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90267 026 \*\*\*150.00

DOCUMENT # P98000051695

1. Corporation Name  
ARTISTIC ENTERPRISES, INC.



Principal Place of Business  
120 WOODLAKE WYNDE  
OLDSMAR FL 34677

Mailing Address  
120 WOODLAKE WYNDE  
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 314 MARTHA LANE Suite, Apt. #, etc.		2a. Mailing Address 26 314 MARTHA LANE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/10/1998	
22 City & State 23 OLDSMAR, FLORIDA		27 City & State 28 OLDSMAR, FLORIDA		4. FEI Number 59-3524781	
24 34677 25 USA		29 34677 30 USA		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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DEITELHOFF, JUDITH LYNN 120 WOODLAKE WYNDE OLDSMAR FL 34677				10. Name and Address of New Registered Agent			
81 Name		JUDITH LYNN		82 Street Address (P.O. Box Number is Not Acceptable)		314 MARTHA LANE	
83				84 City		OLDSMAR FL 85 Zip Code 34677	

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 <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEITELHOFF, JUDITH LYNN	1.2 NAME	JUDITH LYNN
STREET ADDRESS	120 WOODLAKE WYNDE	1.3 STREET ADDRESS	314 MARTHA LANE
CITY-ST-ZIP	OLDSMAR FL 34677	1.4 CITY-ST-ZIP	OLDSMAR, FLORIDA 34677
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Judith Lynn JUDITH LYNN 5/2/99 (727) 785-9625  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)