

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

CORPORATION
ANNUAL REPORT
1995



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

95 APR 10 AM 11:08

DOCUMENT # J02786 (8)

1. Corporation Name

ARTEMIS ENTERPRISES, INC.

Principal Place of Business

% CT CORPORATION SYSTEM
8751 W BROWARD BLVD
PLANTATION FL 33324

Mailing Address

% CT CORPORATION SYSTEM
8751 W BROWARD BLVD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/07/1986

3a. Date of Last Report

02/07/1994

4. FEI Number

59-2656776

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

2. Principal Place of Business

21 1200 S. Pine Island Rd.

Suite, Apt. #, etc.

2a. Mailing Address

25 1200 S. Pine Island Rd.

Suite, Apt. #, etc.

22 City & State

23 Plantation, FL

24 33324

Country

25 Broward

27 City & State

28 Plantation, FL

29 33324

Country

30 Broward

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PST
CAMPOLLO, RAMON
9801 COLLINS AVE
BAL HARBOUR FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

AS
KING, SHEPARD
4000 GE FINANCIAL CENTER
MIAMI FL
Shepard King

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition
~~1221 Brickell Avenue~~
1221 Brickell Avenue
Miami, FL 33131

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☒ Change ☐ Addition
1221 Brickell Avenue
Miami, FL 33131

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I 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)(g), 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 or is changed, or is an addition with an address.

SIGNATURE:

Shepard King
SIGNATURE (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3/31/95
30-5-07-08-07
Date