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

CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

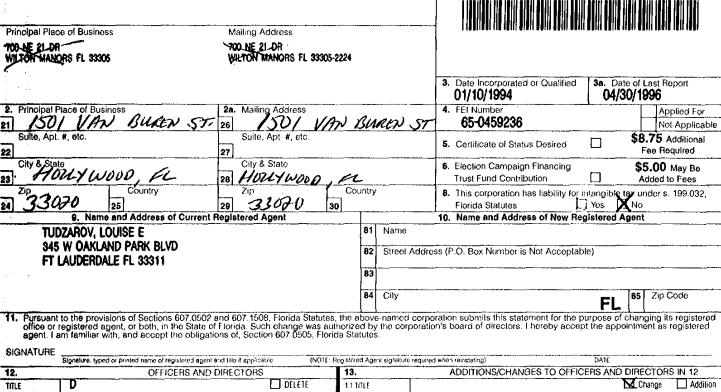
Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9400002079 (9)

ARTISTIC DESIGN SOURCE, INC.

Principal Place of Business Mailing Address	TOO NE 21 DR WILTON MANORS FL 33305	700 NE 21-DR WHTON MANORS FL 33305-2224
	Principal Place of Business	Mailing Address

## **FILED** Apr 21 1997 8:00am Secretary of State



RAMSEY, JANE D NAME 1.2 NAME 1501 VAN BUREN ST. ~700 NE 21 DR -1.3 STREET ADDRESS STREET ADDRESS HOLLY WOOD, FL 33000 -WILTON MANORS FL 33305. CITY-ST-ZIP 1.4 CITY - \$1 - ZIP Change DELETE Addition 2.1 TITLE TITLE RAMSEY, JAMES G NAME 2.2 NAME 1501 VAN BUREN ST 700 NE 21 DR 2.3 STREET ADDRESS STREET ADDRESS WILTON MANORS FL 33305... HOLLYWOOD, FL 33020 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TRUE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. To 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 path; that I am an officer or director of the corporation or the receiver or trusted 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.

CATY-ST-ZIP