

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90030 003 ***150.00

DOCUMENT # P98000089339

1. Corporation Name
ART & MAISON, INC.

Principal Place of Business
2724 NORMAN DRIVE
WEST PALM BEACH FL 33409

Mailing Address
2724 NORMAN DRIVE
WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/20/1998

4. FEI Number 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HAUTOUX JAULIN, MARIELLE
2724 NORMAN DRIVE
WEST PALM BEACH FL 33409

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUTOUX JAULIN, MARIELLE	1.2 NAME	HAUTOUX-JAULIN, MARIELLE
STREET ADDRESS	2724 NORMAN DRIVE	1.3 STREET ADDRESS	2724 NORMAN DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33409	1.4 CITY-ST-ZIP	WEST PALM BEACH 33409
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER JAULIN, JEAN	2.2 NAME	JAULIN JEAN-CHRISTOPHE
STREET ADDRESS	2724 NORMAN DRIVE	2.3 STREET ADDRESS	2724 NORMAN DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33409	2.4 CITY-ST-ZIP	WEST PALM BEACH 33409
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENZ, PASCAL	3.2 NAME	PERIZ PASCAL
STREET ADDRESS	2724 NORMAN DRIVE	3.3 STREET ADDRESS	2724 norman drive
CITY-ST-ZIP	WEST PALM BEACH FL 33409	3.4 CITY-ST-ZIP	WEST PALM BEACH 33409
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, ALEXIS	4.2 NAME	DOMINGUEZ ALEXIS
STREET ADDRESS	2724 NORMAN DRIVE	4.3 STREET ADDRESS	2724 NORMAN DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33409	4.4 CITY-ST-ZIP	WEST PALM BEACH 33409
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAULIN, CHRISTOPHER	5.2 NAME	JAULIN JEAN-CHRISTOPHE
STREET ADDRESS	2724 NORMAN DRIVE	5.3 STREET ADDRESS	2724 NORMAN DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33409	5.4 CITY-ST-ZIP	WEST PALM BEACH
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:

MARIELE HAUTOUX JAULIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/16/99
561 684 0490

CR2E034 (11/98)

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