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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

45NT # 260801

(7)

1. Corporation	n Name	# 2090 Arts & Service		(1)										
Principal Place of Business 4005SE 10TH AVE. CAPE CORAL FL 33904 US				Mailing Address 4005SE 10TH AVE. CAPE CORAL FL 33904 US										
									3. Date Incorporated or Qualified 3a. Date of Last Report 05/10/1963					
 Principal Pla 21 	ace of Busin	ess	2a. 26	2a. Mailing Address 26					4. FEI Number Applied For Not Applied For Not Applied					e
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required					
City & State				City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip 24	Country 25			Zip Court			• • • • • • • • • • • • • • • • • • • •		8. This corporation has liability for	intangible ta				_
25 29 30 9. Name and Address of Current Registered Agent								1	10, Name and Address of New R		Ageni			-
						81	Name				<u> </u>			-
	, VINCENT E 10TH AV					82	Street A	Address	(P.O. Box Number is Not Acceptab	le)				
CAPE CORAL, FL										· · · · · · · · · · · · · · · · · · ·				-
FT FL 33904							City	<u>.</u>		P-1	85	Zip	Code	_
11. Pursuant t	to the provisi	ons of Sections 607 05	02 and 60	7 1508 Florida Statutes	the ahr	Weir	amed co	rnoratio	on submits this statement for the pur	FL Trace of the	naira	ite re	soletered offic	-
or register	ed agent, or	both, in the State of Figure 1 the obligation of, Se	orida. Such	i change was authorized	d by the	corp	oration's I	ooard o	of directors. I hereby accept the app	pose of one pintment as	regist	ered	agent. I am	Ò
	Signature, typod	or printed name of registered ag				d Agen	t signature re	quired wt	en reinstating)	DATE				
12. TITLE	PD	OFFICERS A	ND DIREC	TORS DELETE	13.	DTI C			ADDITIONS/CHANGES TO OFF		DIRE Cha		RS IN 12	
NAME	RECC	, VINCENT		_			1 1 TITLE 1.2 NAME			L	_ (118	ıye	☐ Madellon	
STREET ADDRESS	TREET ADDRESS 4005 SE 10TH AVE			· · · · · · · · · · · · · · · · · · ·			1.3 STREET ADDRESS							
CITY-S1-ZIP	CAPE CORAL, FL 00000						1.4 City-St-ZiP							
TITLE	STD			☐ DELETE 2 1			2 1 TITLE 22 NAME] Cha	nge	Addition	_
NAME		A, DORRIE												
STREET ADDRESS	ADDRESS 4005 SE 10TH AVE CAPE CORAL, FL 00000			23			2.3 STREET ADDRESS							
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STREET ADDRESS							ADDRESS							
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NAME					6.2 N									ļ
STREET ADDRESS							address							
CITY-ST-ZIP			0 00 00		6.4 C	6.4 CITY-ST-ZIP								

14. I do 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)(k), 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 logal effect as if made under cath; 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.

SIGNATURE:

MAT RELLA PLES. VINKONT RECCA, PRES.

4/2/96 (94) 574-50