


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

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90066 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 385772

1. Corporation Name
THE ART BOUTIQUE, INC.

Principal Place of Business 555 SE 6THA VE 4D DELRAY BCH FL 33483 US	Mailing Address 555 SE 6TH AVE 4D DELRAY BCH FL 33483 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 156 PRESTON D Suite, Apt. #, etc. 22 156 City & State 23 BOCA RATON, FLORIDA Zip 24 33434 Country 25 U.S.A.	2a. Mailing Address 26 156 PRESTON D Suite, Apt. #, etc. 27 156 City & State 28 BOCA RATON, FLORIDA Zip 29 33434 Country 30 U.S.A.	3. Date Incorporated or Qualified 07/23/1971	4. FEI Number 59-1354880 Applied For <input checked="" type="checkbox"/> Not Applicable	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent SAMSON, LAWRENCE M 555 SE 6THA VE 4D DELRAY BCH FL 33483	10. Name and Address of New Registered Agent 81 Name SAMSON, LAWRENCE M. 82 Street Address (P.O. Box Number is Not Acceptable) 156 PRESTON D 83 APT. 156 84 City BOCA RATON FL 85 Zip Code 33434
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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 *Lawrence M. Samson* LAWRENCE M. SAMSON PRESIDENT/SEC. MAR 15, 1999
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	PS <input type="checkbox"/> DELETE	1.1 TITLE	P.S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMSON, LAWRENCE M	1.2 NAME	SAMSON, LAWRENCE M.
STREET ADDRESS	555 SE 6THA VE 4D	1.3 STREET ADDRESS	156 PRESTON D
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33434
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: *Lawrence M. Samson* LAWRENCE M. SAMSON President/SEC. MAR 15, 1999 (561) 218-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1.1/98)