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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F00870

(8)

STARVING ARTISTS, INC.

FILED
May 29 1998 8:00am
Secretary of State

Dringland Class of Rusi								0 0 3 0
Principal Place of Busi	4-	Mailing Address 200 HERON'S RUN DRIVE #224 SARASOTA FL 34232						
200 HERON'S RUN DRIVE #224 SARASOTA FL 34232								
							E IN THIS SPACE	
						 Date Incorporated or Qualified 10/08/1980 		
2. Principal Place of B	lusiness	2a. Mailing Addre	oss .			4. FEI Number	···	Applied For
21		26				59-2058678		Not Applicat
Suite, Apt. #, etc.		Suite, Apt #,	etc.			5. Certificate of Status Desired	□ \$8	.75 Additional
22		27	·			b. Obtaincate of Status Desired	F	ee Required
City & State		City & State		,		6. Election Campaign Financing		5.00 May Be
23 Zin	Country	28		Country		Trust Fund Contribution		dded to Fees
Zip	25	29	30			This corporation owes or has personal Property Tax due June		
9. Nr	me and Address of Curre			····		10. Name and Address of New Ro		
RANKIN, M	IICHAFI G			81	Name			
	N'S RUN DRIVE, #224			82	Street Ad	dress (P.O. Box Number is Not Accepta	ble)	
SARASOTA FL 34232								
				83				
				84	City		85	Zip Code
							FL "	
office or registered agent. I am familia	d agent, or both, in the State or with, and accept the oblig	e of Florida, Such chang galions of, Section 607.0	ge was auth 0505, Florida	orized by a Statutes	the corpor	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appointme	ent as registered
SIGNATURE								
Signature.	typed or printed name of registered ag	JOD DIRECTORS	(NOTE Be)	gistored Agn	nt signalure req	oired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRE	CTORS IN 12
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'	KIN, MICHAEL G.			1.2 NAME				
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PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name (8)F00870 STARVING ARTISTS, INC. Principal Place of Business Mailing Address 200 HERON'S RUN DRIVE #224 200 HERON'S RUN DRIVE #224 SARASOTA FL 34232 SARASOTA FL 34232 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/08/1980</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2058678 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [] No 30 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RANKIN, MICHAEL G. 200 HERON'S RUN DRIVE, #224 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34232 83 Zip Code 84 City 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registered agent and tale if approable (NOT). Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1 TITLE TITLE RANKIN, MICHAEL G. 1.2 NAME NAME 200 HERON'S RUN DR. #224 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELFTE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 C(1Y - S1 - Z(P DELF1E Change Addition 3.1 THLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- 7IP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP DELFTE Change Addition 51 TILLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 logal offect as if made under oath; that I arn an officer or director of the corporation or the receiver or trusted employered trusted this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an electrical statutes.