Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90006 042 ***150.00

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

DOCUMENT # F16576

1. Corporation ARTISTIC	DOME CEILING AND FAN,	INC.			1 120/120 1121/1120 21/21/21			8/86/ 5/8 // 188/	
Principal Place of Business Mailing Address									
505 HIBISCUS AVE 505 HIBISCUS AVE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062									
				DO NOT WRITE IN THIS SPACE					٦.
i.					3. Date Incorporated or Qualifed 01/20/1981				
Principal Place of Business 2a. Mailing Address					4. FEI Number		A	pplied For]
21		26			59-2063586			ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired [į		Additional	
22		27				<u> </u>		equired	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution		•	May Be to Fees	Ì
		Country		This corporation owes the current	vear Intan		10 1 003	1	
24	25	29 30	- 7		Personal Property Tax.		∬Yes	□No	ĺ
24)	9. Name and Address of Current		<u> </u>		10. Name and Address of New Reg	istered A	gent		1
			81	Name					
ST JEAN, GUY			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)			1
505 HIBISCUS AVENUE			02	OZ Citiest Address (F.O. Box Hamber to Hot Acceptation)			_		_
POMPANO BEACH FL 33062			83	Î	•				
`.			84	City		FL	85 Zip	Code	1
44 Durayant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	e-named corr	poration submits this statement for the pu	mose of ch	nanging its	registered	1
office or n	egistered agent, or both, in the State of familiar with, and accept the obligation	t Florida. Such change was auft	MODEO NV	the comorati	on's board of directors. I hereby accept the	he appoint	ment as re	egistered	
•	If tathing with and accept the obligati	0113 01, 00011011 007.0000, 1 10110	u olulolo	•					
			gistered Ager	nt signature require	ed when reinstating)	DATE		·	1 6
12.			13.		ADDITIONS/CHANGES TO OFFIC				վ :
TITLE	·		1.1 TITLE	}		l	Change	Addition	
NAME	0.024,001		1.2 NAME						1 8
STREET ADDRESS	100 1110000 1110			TADDRESS [} {
CITY-ST-ZIP				T-ZIP			Change	Addition	- 1
TITLE			2.1 TITLE	-			T cuange		
NAME			2.2 NAME	F.4000000					
STREET ADDRESS				TADDRESS					1
CITY-ST-ZIP			2.4 CITY-5 3.1 TITLE	i · ZiP		·	☐ Change	☐ Addition	1
TITLE			3.2 NAME			,			
NAME				T ADDRESS					
STREET ADDRESS			3.4. CITY-5						
CITY-ST-ZIP TITLE			4.1 TITLE),-LIF			Change	☐ Addition	1
NAME	•		4. 2 NAME				· ·		
STREET ADDRESS			ŧ	TADORESS					}
CITY-ST-ZIP	•		4.4 CITY-S	- 1					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	1
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS					

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 of the receiver or thistee 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 of on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

STORATURE REQUIRED 601 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

Addition