


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90016 038 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F80872  
 1. Corporation Name  
 ART STUDIO, INC.



Principal Place of Business: % AMRAM EBG 18187 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162  
 Mailing Address: % AMRAM EBG 18187 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23)  
 2a. Mailing Address (26-28)  
 24. Zip, 25. Country, 29. Zip, 30. Country

3. Date Incorporated or Qualified: 05/11/1982  
 4. FEI Number: 59-2189579  
 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: Yes (checked) No

9. Name and Address of Current Registered Agent  
 EBG, AMRAM  
 18187 NE 19TH AVENUE  
 NORTH MIAMI BEACH FL 33162

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	EBG, AMRAM	
STREET ADDRESS	18187 NE 19TH AVE	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	This notice is
2.4 CITY-ST-ZIP	the only notice
3.1 TITLE	<input type="checkbox"/> Addition
3.2 NAME	I received, I
3.3 STREET ADDRESS	had never received
3.4 CITY-ST-ZIP	a first notice.
4.1 TITLE	<input type="checkbox"/> Addition
4.2 NAME	in the mail.
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Addition
5.2 NAME	Thank you
5.3 STREET ADDRESS	Pamela Elie
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: X \_\_\_\_\_ DATE: 7-27-99 DAYTIME PHONE #: 305-940-0591

CR2E034 (5/99)