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FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004669 (8)

1. Corporation Name

ARTICULATE DESIGN STUDIO, INCORPORATED



Principal Place of Business

P.O. BOX 618036
ORLANDO FL 32861-8036

Mailing Address

P.O. BOX 618036
ORLANDO FL 32861-8036

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 ~~PO BOX 618036~~
Suite, Apt. #, etc.

22 472 BUCKHAVEN LOOP
City & State

23 OCDEE

24 FL

Country

25 USA

2a. Mailing Address

26 PO BOX 19077
Suite, Apt. #, etc.

27
City & State

28 WINDERMERE, FL

29 Zip

30 34286-1907

Country

31 USA

3. Date Incorporated or Qualified

10/14/1993

4. FEI Number

22-3180692

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GALLAGHER, MATTHEW
6405 WESTGATE DR.
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name

GALLAGHER, MATTHEW

82 Street Address (P.O. Box Number is Not Acceptable)

472 BUCKHAVEN LOOP

83 City

OCDEE

84 State

FL

85 Zip Code

34761

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

Signature: type the words "name of registered agent and title" if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GALLAGHER, VALERIE L.
STREET ADDRESS 6405 WESTGATE DR. #314
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE V
NAME GALLAGHER, MATTHEW C
STREET ADDRESS 6405 WESTGATE DR. #314
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME GALLAGHER, VALERIE L.
1.3 STREET ADDRESS 472 BUCKHAVEN LOOP
1.4 CITY-ST-ZIP OCDEE, FL 34761

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME GALLAGHER, MATTHEW C.
2.3 STREET ADDRESS 472 BUCKHAVEN LOOP
2.4 CITY-ST-ZIP OCDEE, FL 34761

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Valerie L. Gallagher

CR2E034 (10/97)