FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -3 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H31273 (6)

1. Corporation Name
ARTCETERA INCORPORATED

Principal Place of Business	Mailing Address
640 E. ATLANTIC AVE. DELRAY BEACH FL 33483 US	640 E. ATLANTIC AVE. DELRAY BEACH FL 33483 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/26/1984
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2477914 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WALDMAN, GLORIA
5715 FAIRWAY PARK DRIVE
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name: GLORIA WALDMAN
82 Street Address (P.O. Box Number is Not Acceptable)
83: 6080 PITCH LANE
84 City: BOYNTON BEACH FL 85 Zip Code: 33437

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: GLORIA WALDMAN, PRES. (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 1/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRES (P)	☑ Change ☐ Addition
NAME	WALDMAN, GLORIA	1.2 NAME	GLORIA WALDMAN	
STREET ADDRESS	5715 FAIRWAY PARK DRIVE	1.3 STREET ADDRESS	6080 PITCH LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: GLORIA WALDMAN 1/10/95 (407)279-9939
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Daytime Phone #

0276038 CP