

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

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Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H31273** (6)  
1. Corporation Name  
**ARTCETERA INCORPORATED**

Principal Place of Business <b>445 E. ATLANTIC AVENUE DELRAY BEACH FL 33483 US</b>	Mailing Address <b>445 E. ATLANTIC AVENUE DELRAY BEACH FL 33483 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6080 PITCH LANE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>6080 PITCH LANE</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>11/26/1984</b>
22 <b>Boynton Beach, FL.</b> City & State	27 <b>Boynton Beach, FL.</b> City & State	4. FEI Number <b>59-2477914</b>
24 <b>33437</b> Zip	25 <b>PALM BEACH</b> Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
28 <b>33437</b> Zip	29 <b>PALM BEACH</b> Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>WALDMAN, GLORIA 6080 PITCH LANE BOYNTON BEACH FL 33437</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent		

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # **0334579**

CR2E034 (10/97)