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

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90148 020 ***150.00

E	oc	UMEN	\T #	: Н3	97	50
1.	Corpora	ation Name	, .			
	JUDY	SAYFIE	FINE	ARTS,	INC.	

Principal Place of Business 2038 HARRISON ST HOLLYWOOD FL 33020

US

Mailing Address
2038 HARRISON ST

2038 HARRISON ST HOLLYWOOD FL 33020

US

DO NOT WRITE IN THIS SPACE

					3. Date incorporated or Qualifed 01/24/1985		
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Apr	olied For		
	Diplomat Parkway				59-2494521	<u> </u>	Applicable
Suite, Apt.		Suite, Apt, #, etc.			\$8.75 A		
	m, 6to.			5. Certifcate of Status Desired	Fêe Rêd		
22 27 City & State City & State			6. Election Campaign Financing	\$5.00	May Re		
			orida Trust Fund Contribution Added to Fees				
TT TOTT VWOOD TANKE			Country		8. This corporation owes the current year Intal	naible	
24 33019 25 Broward 29 33019 30			Bro	ward			□No
24 33013	9. Name and Address of Curre	100	1		10. Name and Address of New Registered A	gent	
	0,		81	Name			
SAYI	FIE, JUDY	4					
1580	DIPLOMAT PKWY		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		1
HOL	LYWOOD FL		83	<u> </u>			
	•					11	
}			84	City	FL	85 Zip C	ode
44 Dusquant	to the provisions of Soctions 607.05	02 and 607 1508 Florida Statutes	the abov	e-named com	aration cultimits this statement for the number of C	hanging its	registered
l office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was auth	orized by	the corporation	on's board of directorsl.hereby.accept.the.appoint	ment as reg	istered
SIGNATURE					DATE		{
	Signature, typed or printed name of registered ag-	<u></u>		nt signature require	d when reinstating) DATE ADDITIONS (CHANCES TO DELICERS AND	DIRECTO	DS IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition
TITLE	DP CAVEIC HIDV						
NAME	SAYFIE, JUDY		1.2 NAME		,		1
STREET ADDRESS	1580 DIPLOMAT PKWY			TADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL	C per eve	1.4 CITY- S	ST-ZIP		☐ Change	Addition
TITL€	·	☐ DELETE	2.1 TITLE	ļ		□ Onlango	
NAME			2.2 NAME	1			l
STREET ADDRESS			2.3 STREE	TADORESS			
CITY-ST-ZIP ~~	year and the second		2.4 CITY-	ST-ZIP -		Change	Addition
TITLE	•	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
ππ ε		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	•		4. 2 NAME				
STREET ADDRESS	,	i	4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY- 9	ST-ZiP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	·		6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS	•		
SIVEE! WOOLGSS	EGA¥TTSA: d)

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 an anatherment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECXING Sayfie, President 4-19-

X (954) 922–3737

Daytime Phone #