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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 23 1997 8:00am

Secretary of State

Daytime Phone #

## Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

**DOCUMENT # H44936** 

(3)

ARTFUL DODGER ENTERPRISES, INC.

Principal Place of Husiness Mailing Address 6525 S.W. 133 DRIVE 6525 S.W. 133 DRIVE MIAM! FL 33156-7065 **MIAMI FL 33156** 3a. Date of Last Report 3. Date Incorporated or Qualified 02/28/1985 02/02/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2610624 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statules 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRIDGES, ROGER A. 334 MINORCA AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 **CORAL GABLES FL 33134** 84 City 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. Sograture Type, a cupy of the initiation of redupent and title display table. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. Change Addition PD DELFTE 1.1 TITLE TILL BRIDGES, DIANA C. 12 NAME CR2E034 NAME 6525 S.W. 133 DR. STREET ADDRESS 13 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST Change DELETE Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CUTY ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE MAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS City ST-7iP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THUE NAM: 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST ZIP Change Addition ... DELETE THUE 5.1 TOTLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C/TY - \$1 - ZIP CITY-ST-ZP DELETE Change Addition 61 TITLE TITLE 6.2 NAMe NAMI. 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do 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 1