

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0026546

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 SEP 29 AM 11:46

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # H47412

1. Corporation Name  
 ARTISTIC FURNITURE FINISHING, INC.

Principal Place of Business  
 % ROBERT BERAGLIA  
 1811 S.E. 7TH STREET  
 POMPANO BEACH FL 33060

Mailing Address  
 % ROBERT BERAGLIA  
 1811 S.E. 7TH STREET  
 POMPANO BEACH FL 33060



*[Handwritten Signature]*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 03/07/1985

4. FEI Number  
~~59-2507740~~ 59 2507740 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 the current year Intangible Personal Property  Yes  No

2. Principal Place of Business  
 21. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country

2a. Mailing Address  
 26. Suite, Apt. #, etc.  
 27. City & State  
 28. Zip  
 29. Country

9. Name and Address of Current Registered Agent

BERAGLIA, ROBERT  
 1811 S.E. 7TH STREET  
 POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 FL 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

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

12. PD  
 BERAGLIA, ROBERT  
 1811 S.E. 7TH STREET  
 POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

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

800003006258-4  
 -10/05/99--010992-1001  
 \*\*\*550.00 \*\*\*550.00

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 by an attachment with an address

SIGNATURE: *[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-99  
 984-782-5190  
 Date Daytime Phone #

CR2E034 (5/99)