

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
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90007 043 ***150.00

DOCUMENT # J58993

1. Corporation Name

A + G ART & DESIGNS, INC.



Principal Place of Business

Mailing Address

**2850 S.W. 117TH AVE.
DAVIE FL 33330**

**2850 S.W. 117TH AVE.
DAVIE FL 33330**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1987

2. Principal Place of Business

2a. Mailing Address

21 3213 N. DIXIE HIGHWAY

26 3213 N. DIXIE HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0032378

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 Tax.

☐ Yes ☒ No

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

Zip

Country

Zip

Country

24 33324

25 BROWARD

29 33334

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIRACUSA, ANDREE

2850 SW 117TH AVE.

DAVIE FL 33330

81 Name

SIRACUSA, ANDREE

82 Street Address (P.O. Box Number is Not Acceptable)

3213 N. DIXIE Highway

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **SIRACUSA, ANDREE**

STREET ADDRESS **2850 S.W. 117TH AVE.**

CITY-ST-ZIP **DAVIE FL 33330**

TITLE **S** ☒ DELETE

NAME **SIRACUSA, DONNA**

STREET ADDRESS **2850 S.W. 117TH AVE.**

CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

PRESIDENT

1.2 NAME

SIRACUSA, ANDREE

1.3 STREET ADDRESS

3213 N. DIXIE Highway

1.4 CITY-ST-ZIP

FT. LAUDERDALE, FL. 33324

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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, with all other like empowered.

SIGNATURE

PLEASE SIGN

SIRACUSA, ANDREE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/99
Date

(954) 565-5818
Daytime Phone #

CR2E034 (11/98)

0317554