

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

1995 MAY 12 AM 4: 58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # K19877 (5)

1. Corporation Name

FOURTH DIMENSION ART STUDIO, INC.

Principal Place of Business

**3728 GEORGIA AVE. 1B
WEST PALM BEACH FL 33405**

Mailing Address

**3728 GEORGIA AVE. 1B
WEST PALM BEACH FL 33405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/01/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0051706** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**JONES, RONALD E.
1610 SOUTHERN BLVD.
WEST PALM BEACH FL 33405**

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

Signature typed or printed name of registered agent and fee / Application

NOTE: Registered Agent expires unless renewed

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIHAILESCU, SIMON
STREET ADDRESS	155 HAMMON AVE. STE 308
CITY - ST - ZIP	PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	20000 1489582
4	CITY - ST - ZIP	-05/17/95--01005--015
5	TITLE	*****233.75 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY - ST - ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY - ST - ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY - ST - ZIP	
17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Owner

[Signature]
(Date)

(407) 654-0151
(Telephone Number)