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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K90652

ARTISTIX SIGNS & GRAPHIX, INC.

FILED
Apr 28 1997 8:00am
Secretary of State

Principal Plac	e of Business	Mailing Address							
716 SE 47 TER CAPE CORAL FL 33904		716 SE 47 TER CAPE CORAL FL 33904	716 SE 47 TER CAPE CORAL FL 33904-7502						
						3. Date Incorporated or Qualified 05/23/1989		ate of Last 01/1996	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address 26			4. FEI Number 65-0126108	Applied For Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	е	City & State	├ <del>-</del> 1			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	L	untry	,	8. This corporation has liability for		_	s. 199.032,
24	25 9. Name and Address of Curre	29  nt Begistered Agent	30	-T		Florida Statutes 10. Name and Address of New Re		_ No	
1414	C, CAROL A.	iii negisteleti Agent		81	Name	TU. Name and Address of New Ne	yıstarau .	Mann	
	SE 47 TER								
	E CORAL FL 33904			82	Street Add	ress (P.O. Box Number is Not Acceptat	olo)		
	· · · · · · · · · · · · · · · · ·			83		<del></del>			
				84	City			<b>85</b> Zip	p Code
44 6	1 10 1 10 10 10 10 10 10 10 10 10 10 10	on and correct to the correct of the			L		FL		· 
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change wa ations of, Section 607.0505,	as authoriza Florida Sta	ed by alute:	the corpora s.	poration submits this statement for the partition's board of directors. I hereby acceptions	ot the app	ointment a	is registered
SIGNATURE	Signature, typed or printed name of registeri diag	erd and the Franch Alle	MOTE Streets		ole circulture consi	ired when reinstating)	DATE		
12.		ID DIRECTORS	13		ri. agria.die radii	ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1,1	HILE				Change	
NAME	ULIK, CAROL A.		1.21	NAME					
STREET ADDRESS	4921 SW 11 CT		1.33	STREET	ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL	D process		CITY-S	IT-ZIP			T 7 6	
TITLE	D ULIK, PATRICK G.	DELETE		TITLE				Change	Addition
NAME Street Address	4921 SW 11 CT			NAME CTREET	ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL	-			ST-ZIP				
TITLE	ST	DELETE		TITLE				Change	e Addition
NAME	ULIK, ANGELA		3.2	NAME					
STREET ADDRESS	4921 SW 11 COURT		3 3	STREET	ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL				ST-ZIP				<del></del>
TITLE		☐ DELETE		TITLE				L Change	E Addition
NAME CTRCCT ADDRCCC				NAME	4000000				
STREET ADDRESS CITY-ST-ZIP				STREEF CHY-S	ADDRESS				
TITLE		DELETE		TOLLE				☐ Change	Addition
NAME				NAME				·	
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY-ST-ZIP			5.4	cny-s	51 - ZIP				
TITLE		☐ DELETE		TITLE				☐ Change	e Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	<u> </u>		6.4	C(1Y - 5	II - ZIP		<del></del>		

I do hereby certify that the information supplied with this filling 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) 3 if changed, or on an altachment with an address.