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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # L11590

(1)

Corporation Name

ARTISTRY IN MOSAICS, INC.

<u> </u>		OF BY DIVING 1910	

Principal Place of Business 3668 S 25TH STREET FORT PIERCE FL 34982		3668 \$	Mailing Address 3668 S 25TH STREET FORT PIERCE FL 34982				3 IBBIRBII BBI ILBBI IIBBI BIRIB 18	113 901: 310 11 0 1	1911 4 FB F1 9	1911 91911 91911 1881	
								3. Date Incorporated or Qualified 08/30/1989		e of Last)4/21/	1995
2. Principa! Pla	ce of Business		ng Address					4. FEI Number 65-0145746			Applied For Not Applicable
1] Suite, Apt. #	l etc	26 Suite.	, Apt. #, etc.						F-3	\$8.	75 Additional
	, 000	27						5. Certificate of Status Desired		Fe	e Required
City & State		F-7 '	& State					6. Election Campaign Financing			.00 May Be
<u> </u>		28			 Country			Trust Fund Contribution 8. This corporation has liability fo			ded to Fees
_ Zip j}	Country 25	Zip 29		30	JOUINIY	,		Florida Statutes Ye	s X No	LIX BIIOS	0 100.002,
9	9. Name and Address of Curre		Agent		T			10. Name and Address of New		Agent	
					81	Name					
FARREL	L, RICKEY L.				82	Street	Addres	s (P.O. Box Number is Not Accepta	able)		
1595 S.	E. PORT ST. LUCIE BLVD.										
PORT S	IT. LUCIE FL 34952				83						
					84	City			Fl	85	Zip Code
	Signature typed or printed name of registered as					int signaturi	required w	tien roust dings	DATE	-	TODO IN 10
								ADDITIONS/CHANGES TO O	FEICERS AN	JD DIRFO	JUBS IN 17
		ND DIRECTORS			13. L 17III E		T	ADDITIONS/CHANGES TO O	FFICERS AN	ID DIREC	
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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 do on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytine Phone #