FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995 Amend.

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

APPROVED
AND
FILED

95 APR -3 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/06/95--01020--030
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DO NOT WRITE IN THIS SPACE.

DOCUMENT # M16530

1. Corporation Name

ARTISTIC GRAPHICS UNLIMITED, INC.

Principal Place of Business
18 N.E. 6 Street
Homestead, FL 33030

Mailing Address
18 N.E. 6 Street
Homestead, FL 33030

3. Date Incorporated or Qualified: 06/07/85

3a. Date of Last Report: 01/18/95

2. Principal Place of Business
21 18 N.E. 6 Street
Suite, Apt. #, etc
22
City & State
23 Homestead, FL 33030
Zip 24 33030
Country 25 US

2a. Mailing Address
26 18 N.E. 6 Street
Suite, Apt. #, etc.
27
City & State
28 Homestead, FL 33030
Zip 29 33030
Country 30 US

4. FEI Number: 59-2544540 — 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

9. Name and Address of Current Registered Agent

Jolan Gamblin
18 N.E. 6 Street
Homestead, FL 33030

10. Name and Address of New Registered Agent

81 Name: MICHAEL SCHANTZ
82 Street Address (P.O. Box Number is Not Acceptable): 18 N.E. 6 Street
83
84 City: HOMESTEAD FL
85 Zip Code: 33030

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: MICHAEL SCHANTZ — 3-27-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	MICHAEL SCHANTZ
STREET ADDRESS	12465 S.W. 248 Street
CITY-ST-ZIP	Homestead, FL 33032
TITLE	DP
NAME	MICHAEL SCHANTZ
STREET ADDRESS	12465 S.W. 248 Street
CITY-ST-ZIP	Homestead, FL 33032
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

1.1 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		

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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 119.07(3)(k), 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 the 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 addition.

SIGNATURE: MICHAEL SCHANTZ — 3-27-95 — 305-246-1473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #