FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ' Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** M16543 (4) THE ART MASTER, INC. Principal Place of Business Malling Address 19500 TURNBERRY WAY. #260 19500 TURNBERRY WAY. #26C TURNBERRY ISLE TURNBERRY ISLE N. MIAMI BCH. FL 33180 DO NOT WRITE IN THIS SPA N. MIAMI BCH, FL 33180 3. Date Incorporated or Qualified 06/07/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2550724 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc, Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Zip 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PERLSTEIN, MITCHELL L. 1901 PONCE DE LEON BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) \$-200 83 CORAL GABLES FL 33134 84 City 85 Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE 1.1 TITLE DELETE Change Addition ROSENWASSER, BRUCE CRZE034 NAME 1.2 NAME 19500 TURNBERRY #26C STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI BEACH FL 1,4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP TITLE 4.1 TITLE Change DELETE Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE Change TITLE DELETE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6.1 TITLE DELETE NAME 6.2 NAME -07/24/98--01097--012 6.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption of th

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delement

SIGNATURE:



## TO whom IT MAY CONCERNY.

This is MY Second Letter STATING

THAT I did NOT receive MY FIRST PACKYE OX

THE ANNUAL REPORT. ONLY When I received the

Second Packye was I sware at this Time while.

I have called Twice, once speaking To A WOMAN who Instructed Me To write A Letter stating I never received MY 1st Package + Enclose The 150,00 checks due.

I NOW have received of Letter Again STATING That MY checks are being returned. (Enclosed Letter).

I have Again called And Stoken To A gentlemme.

IN The Reinstatement Division, his NAME Being TYRON Scott. He has Instructed MC To' WRITE This Letter + send Back The check + he small I should Then Be Reinstated.

Thank you for you help in Advance.

Bruce Rosenussel 305-931-8894