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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT											¬ FILED							
CORPORATION ANNUAL REPORT 1996						FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					Mar 04 1996 8:00am Secretary of State							
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	ARTIS INTERNATIONAL, INC.																	
Pr	rincipal Place o	of Business	;	***************************************	V	Mailing Address					1	i Popiopi i iii	<u>n 1919) janin dibib i</u>	ila sialo igil elibi		TITAL BI	1811 010 14 (001	
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22	Suite, Apt. #, etc.				27	Suite, Apt. #, etc.			_			Certificate of S					Additional equired	
23	City & State		·		28	City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees						lo Fees	
					29	Zip	30				f	Florida Statute		′es ∐No			99.032,	
		9, Name	and A	ddress of Current R	egir	Hered Agent		-	r	<u> </u>	10.	Name and A	ddress of New	Registered	Agent			
	ALC:NAME OF	44 44 44 44	_					81	Ni	lame								
NOWAK, JULIAN S 9081 130TH AVENUE N								82	St	treet Addres	35 (P.C	O. Box Numbe	er is Not Accept	able)				
	JARGO F	FL 34643			83													
								84	Ci	•				FL	85	Zip (
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 of 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.														istered office gent. I am				
SIGNATURE																		
12	Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.									lature required w			HANGES TO O	DATE FEICERS AND	DIRE	TOP!	0 IN 12	
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NA	NAME NOWAK, JULIAN S.						1.2 N							•		ar i		
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CITY-ST-ZIP LARGO FL.									4 CITY-ST-ZIP									
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NAME NOWAK, JUDY A.				DY A.					2.2 NAME					-	-	•		
STREET ADDRESS 9061 130TH AVE N				AVE N			2.3 STREET ADDRESS											

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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). Fiorida 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.

6.4 CITY - ST - ZIP

SIGNATURE:

LARGO FL

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

JULIAN 5 NOWAK

DELETE

DELETE

2-26-96

813 586 7558

☐ Change

☐ Addition

☐ Addition