

FILE NOW: FILING-FEE IS \$61.25

FILED

Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41239 (7)
1. Corporation Name
ARTARGET, INC.



Principal Place of Business PO BOX 49733 SARASOTA FL 34230 US	Mailing Address PO BOX 49733 SARASOTA FL 34230 US
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3. Date Incorporated or Qualified 12/14/1990	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0236857	

2. Principal Place of Business 21 1639 10th ST. Up South Suite, Apt. #, etc. 22 Suite 102B City & State 23 Sarasota FL Zip 24 34236	2a. Mailing Address 26 1639 10th ST. Up South Suite, Apt. #, etc. 27 Suite 102B City & State 28 Sarasota FL Zip 29 34236
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent TEPPER, ARTHUR L 1680 FRUITVILLE RD STE 102 SARASOTA FL 34236	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHERD-YOUNG, KIM	1.2 NAME	YOUNGSHEPHERD KIM
STREET ADDRESS	481 S LINE AVE	1.3 STREET ADDRESS	3321 Ramblewood PL
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMOS, HAROLD	2.2 NAME	KOWAL-HOFFMAN JILL
STREET ADDRESS	7248 ANTIGUA PLACE	2.3 STREET ADDRESS	540 Orange Av S
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, PAMELA	3.2 NAME	EVANS DONAVAN
STREET ADDRESS	555 S GULFSTREAM AV 903	3.3 STREET ADDRESS	500 Pelican Rd.
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLL, DONALD	4.2 NAME	SLABACH JAMES
STREET ADDRESS	811 S SCHOOL AVE	4.3 STREET ADDRESS	1633 10th ST.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota FL. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELER, CARL	5.2 NAME	
STREET ADDRESS	211 CHAUNCEY AVE E	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORMOND, MARK	6.2 NAME	YOUNGBLOOD PAUL
STREET ADDRESS	5401 BAYSHORE RD	6.3 STREET ADDRESS	1633 10th St.
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Sarasota FL.

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/10/98 9443667106

CR2E037 (10/97)