

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41239

1. Corporation Name

ARTARGET, INC.

Principal Place of Business

1639 10TH ST UP SOUTH
SUITE B
SARASOTA FL 34236
US

Mailing Address

PO BOX 49733
SARASOTA FL 34230
US

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90007 077 *****8.75

05-14-1999 90007 078 *****61.25



2. Principal Place of Business

21 **1055 S. Tamiami Trail**

Suite, Apt. #, etc.

22

City & State

23 **Sarasota Florida**

Zip Country

24 **34236** 25 **US**

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

3. Date Incorporated or Qualified

12/14/1990

4. FEI Number

65-0236857

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

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

SAMB

82 Street Address (P.O. Box Number is Not Acceptable)

27 FLEISHER AVENUE

83

84 City

SARASOTA

FL

85 Zip Code

34237

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **YOUNGSHEPHERD, KIM**
CITY-ST-ZIP **3321 RAMBLEWOOD PL**
SARASOTA FL

TITLE ☐ DELETE

NAME **VPD**
STREET ADDRESS **KOWAL-HOFFMAN, JILL**
CITY-ST-ZIP **540 ORANGE AVE S**
SARASOTA FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **EVANS, DONAVAN**
CITY-ST-ZIP **500 PELICAN RD**
SARASOTA FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **SLABACH, JAMES**
CITY-ST-ZIP **1633 10TH ST**
SARASOTA FL

TITLE ☐ DELETE

NAME **SD**
STREET ADDRESS **KEELER, CARL**
CITY-ST-ZIP **211 CHAUNCEY AVE E**
BRADENTON FL

TITLE ☒ DELETE

NAME **D**
STREET ADDRESS **YOUNGBLOOD, PAUL**
CITY-ST-ZIP **1633 10TH ST**
SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **3310 Barstow PL**
1.3 STREET ADDRESS **Sarasota FL 34235**
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Ron Hayes**
2.3 STREET ADDRESS **P.O. Box 5685**
2.4 CITY-ST-ZIP **Bradenton FL 34281**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D**
3.3 STREET ADDRESS **Monty McMullan**
3.4 CITY-ST-ZIP **109 24th St NW**
Bradenton FL 34205

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **PO Box 37530**
4.3 STREET ADDRESS **Sarasota FL 34278**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **D**
5.3 STREET ADDRESS **Louise Hamel**
5.4 CITY-ST-ZIP **P.O. Box 15761**
Sarasota FL 34277

6.1 TITLE ☒ Change ☒ Addition

6.2 NAME **D**
6.3 STREET ADDRESS **Sandra Melcher**
6.4 CITY-ST-ZIP **2107 41st W St**
Bradenton FL 34209

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99 **9413667106**

Date

Daytime Phone #

CR2E037 (11/98)