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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800003622

1. Corporation Name

INTER-ARTS, INC.

Principal Place of Business

2. Principal Place of Business

916 E COLUMBUS AVE MELBOURNE FL 32901

Mailing Address

916 E COLUMBUS AVE MELBOURNE FL 32901

2a. Mailing Address

FILED May 04, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed

21 90Z F	taas Ave NE	26 2823 1.0.	<i>&</i> ∞X	06/19/1998			
Suite, Apt.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-35/9.33/		Not Applicable	
City & Stat	n Bay FLA	City & State 28 MBBoury	OF FLA	5. Certifcate of Status Desired	1 1 +	5 Additional Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.0	00 May Be	
24 3290	7 25 USA	29 3290Z-2823	30	Trust Fund Contribution	Add	ed to Fees	
	9. Name and Address of Current F		<u> </u>	10. Name and Address of New F	Registered Agent		
81 Name Q							
MELLEN, PAMELA JOYCE 82 Street Address (P.O. Box Number is Not Acceptable)							
	LIMBIO AVE AND RE	220		202 HAAS AVE NE			
	LUMBUS AVE ADPKI	CKANIU	83	1/11/1 / 10 = / 10			
916 E COLUMBUS AVE ADDRESS MELBOURNE FL 32901 CHANGE ONLY 83							
		·	84 City ρ	AIM RAV	FL 85 3	2907	
44 - Dominant	to the manufalance of Continue 617 0502	and 617 1500 Elorida Statut	or the above-named corr	poration submits his statement for the			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits his 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, Fla nds S tatutes.							
SIGNATURE	TAMELA JOYCE Y	iellen (Jamela p	yee & Mellen	1/4/77		
	Signature, typed or printed name of registered agent a	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS IN 12	
12.	OFFICERS AND	DIRECTORS DELETE	_	ADDITIONS/CHANGES TO OF	Chan		
TITLE	PRESIDENT DP		1.1 TITLE			90 🗀	
NAME	LINDA HARGREAVES		1.2 NAME				
STREET ADDRESS		021	1.3 STREET ADDRESS				
CITY-ST-ZIP	COCOA BEACH, FL 32 SECRETARY DS	931	1.4 CITY-ST-ZIP			- A 1 199	
TITLE	SECRETARY DS	☐ DELETE	2.1 TITLE		Chan	nge	
NAME	GUALLIONI BARNES		2.2 NAME				
STREET ADDRESS		2 # 10.	2.3 STREET ADDRESS			,	
CITY-ST-ZIP	WEST MELBOURNE	of 32909	2.4 CITY-ST-ZIP				
TITLE	TREASURER DTM	☐ DELETE	3.1 TITLE		Chan	nge 🔲 Addition	
NAME	PAMELA JOYCE		3.2 NAME				
	702 HAAS AVE NE		3.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BAY FL 3290	7	3.4. CITY-ST-ZIP				
TITLE	THUIL DAY 110 OLO	☐ DELETE	4.1 TITLE		Char	nge 🔲 Addition	
NAME		•	4, 2 NAME				
			4.3 STREET ADDRESS				
STREET ADDRESS			4.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Char	nge Addition	
			5.2 NAME				
NAME			5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP		□ DELETE	6.1 TITLE		☐ Char	nge Addition	
TITLE		L.J DELETE	6.2 NAME		_ Criai	8	
NAME	Į.						
STREET ADDRESS	;		6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CiTY-ST-ZIP				
14. I hereby	certify that the information supplied with	this filing does not qualify fo	r the exemption stated in	Section 119.07(3)(i), Florida Statutes.	I further certify that t	ne information	

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. indicated on this annual report or supplemental annual report is true and accurate and that my

SIGNATURE: PAME CAL DOGGE