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 # N98000005553

1. Corporation Name

THE STUDIO ART CENTER INC.

Principal Plac	e of Business
333 TRESSLE STUART FL 3	

Mailing Address 333 TRESSLER DR.

STUART FL 34994

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90157 044 ****70.00

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2. Principal F	cipal Place of Business 2a. Mailing Address				Date Incorporated or Qualifed		
21	26		09/25/1998				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For		
22		27			65 - 08 79 24 S Not Applicable		
City & Sta	ite	City & State	-		5. Certificate of Status Desired Section 48.75 Additional		
23		28			Fee Required		
Zip	Country	Zip	Country	/	6. Election Campaign Financing \$5.00 May Be		
24	25	29 3	30		Trust Fund Contribution Added to Fees		
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Registered Agent		
			81	Name	•		
MATHESON, MARLEE			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	V. ANHINGA AVE.						
	TY FL 34990		83				
ļ	🛨 5 1555		84	City	85 Zip Code		
	·		"	City	FL 50 50 50 50 50 50 50 5		
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							
DIGITATIONE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R		nt signature r	required when reinstating) DATE		
12.	OFFICERS AI	ND DIRECTORS	13.		DANITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	1.1 TITLE	•	Pobert H. Matheson- Change Addition		
VAME	ĺ		1.2 NAME		5107 SW. Anninga Auc.		
STREET ADDRESS			1.3 STREE	TADDRESS	Palm City, Fr 34990		
CITY-ST-ZIP			1.4 CITY-	ST-ZIP /			
FITLE		☐ DELETE	2.1 TITLE	D/V	Thatty McNaughton Change Chaddition		
NAME			2.2 NAME	ı	3000 Wood Ave.		
STREET ADDRESS	3		2.3 STREE	TADDRESS	Miouri, F1. 35133		
CITY-ST-ZIP			2.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		D/S/P/T Addition ☐ Addition		
NAME			3.2 NAME		Marke Mathexn		
STREET ADDRESS			3.3 STREE	TADDRESS	5107 SW Annuga Ave.		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	Palm City F1. 34990		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	i		4.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS	:		5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CODY OF THE	1		6.4 CITY - 5	T-ZIP			

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 apdress, with all other like empowered.

SIGNATURE: