

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 10 AM 1995

DOCUMENT # **P34666**

(8)

1. Corporation Name

ART FINDS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

5371 HIATUS RD.
SUNRISE FL 33351
US

5371 HIATUS RD.
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/16/1991

3a. Date of Last Report
05/12/1994

4. FEI Number
35-1680615

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**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWANSON, BRAD
5371 HIATUS RD.
SUNRISE FL 33351

81 Name
TODD JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable)
5371 HIATUS ROAD
83
84 City **SUNRISE** FL 85 Zip Code **33351**

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 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent to be registered in this jurisdiction and their appointment

Signature of Registered Agent (signature required when registering)

(SAR)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

DCP
SWANSON, BARBARA C.
4370 GORDON DR.
NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
SWANSON, MARK C.
25116 N CAYUGA TRL
LAKE BARRINGTON IL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

DV
SWANSON, BRADFORD T.
9368 S.W. 1ST PLACE
CORAL SPGS. FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
WATERMAN, KIMBERLY S.
142 FOREST ROAD
DAVENPORT IA

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

Vice President
TODD JOHNSON
3811 NW 115th TRAIL
SUNRISE, FL. 33323

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 110.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in Block 13 if added with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95 305-572-1666

Date (Month/Day/Year) Telephone Number