FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000014198 (4) DOCUMENT #

STUDIO A ART CONSERVATION COMPANY, INC.

Principal Place of Business Mailing Address 11497 74TH AVE 11497 74TH AVE SEMINOLE FL 33772 SEMINOLE FL 33772

FILED Apr 10 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/17/1993 2. Principal Place of Business FEI Number 2a. Mailing Address Applied For Not Applicable 21 26 59-3167653 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name YOST, JEAN 11497 74TH AVE Street Address (P.O. Box Number is Not Acceptable) **SEMINOLE FL 34640** 83 84 City Zip Code 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, typed or printed name of registered agent and title d applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE PSTD 1.1 TITLE NAME YOST, JEAN 1.2 NAME STREET ADDRESS 11497 74TH AVE 1.3 STREET ADDRESS SEMINOLE FL CITY - ST - 71P 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY+ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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 suppliemental 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 on an anathment with an address.

SIGNATURE: