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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000053614 (2)

MEDIA ART CONCEPTS, INC.

Principal Place of Business 216 PARK AVE SOUTH

SUITE C WINTER PARK FL 32789 Mailing Address

216 PARK AVE SOUTH SUITE C WINTER PARK FL 32789

FILED

Jan 30 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number		
	Applied For	
21 29 59-3194491	Not Applicable	
	3.75 Additional	
22 27	Fee Required	
City & State City & State 6. Election Campaign Financing	5.00 May Be	
	Added to Fees	
Zip Country Zlp Country 8. This corporation owes or has paid the current y		
24 25 29 30 Personal Property Tax due June 30. Yes		
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		
ATKINS, JANET E 81 Name		
216 PARK AVE SOUTH 82 Street Address (P.O. Box Number is Not Acceptable)	-	
SUITE C		
WINTER PARK FL 32789		
84 City 85	Zip Code	
FL	215 0000	
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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	ECTORS IN 12	
	hange	
NAME ATKINS, JANET E 1.2 NAME		
STREET ADDRESS 216 PARK AVE SOUTH SUITE C 1.3 STREET ADDRESS		
CITY-ST-ZIP WINTER PARK FL 32789 1.4 CITY-ST-ZIP		
	hange	
NAME 2.2 NAME	_	
STREET ADDRESS 2.3 STREET ADDRESS		
CITY-ST-ZIP 2 4 CITY-ST-ZIP		
	hange Addition	
NAME 3.2 NAME	•	
STREET ADDRESS 3.3 STREET ADDRESS		
CITY-ST-ZIP 3.4. CITY-ST-ZIP		
	hange	
NAME 4.2 NAME	1	
STREET ADDRESS 4.3 STREET ADDRESS		
CITY-ST-ZIP 4.4 CITY-ST-ZIP		
TITLE DELETE 5.1 TITLE C	hange Addition	
NAME 5.2 NAME	1	
STREET ADDRESS 53 STREET ADDRESS		
CITY-ST-ZIP 5.4 CITY-ST-ZIP		
	hange	
NAME 62 NAME	-	
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 for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify the exemption of the e	hat the information	

bwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in