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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 10 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000061453 (5)**

1. Corporation Name
**ARTIFACTS INTERNATIONAL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 33 SUNTREE PL<br>SUITE B<br>MELBOURNE FL 32940 | P.O. BOX. 33671<br>INDIALANTIC FL 32903 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/01/1993
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21: 1351 Bedford Drive
22 Suite, Apt. #, etc.: Suite 101
23 City & State: Melbourne FL
24 Zip: 32940 25 Country: U.S.A.

2a. Mailing Address
26: 981 E. Eau Gallie Blvd.
27 Suite, Apt. #, etc.: # E-103
28 City & State: Melbourne FL.
29 Zip: 32937 30 Country: USA

4. FEI Number: 59-3199684 ☐ 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

9. Name and Address of Current Registered Agent

DAVID CHARROUX - SAME
33 SUNTREE PLACE
SUITE B
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): USE New Place of Business address!
83:
84 City: FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DPST | 1.1 TITLE > SAME | ☑ Change ☐ Addition |
| NAME | CHARROUX, DAVID | 1.2 NAME | |
| STREET ADDRESS | 33 SUNTREE PL STE B | 1.3 STREET ADDRESS use New mailing address! | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32940 | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | ☑ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 119.07(3)(k), 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 on an attachment with an addition.

**SIGNATURE:** David Charroux 4/1/95 407-777-5620
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0004744 CR