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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300079090 1. Corporation Name

ARTAD, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90172 027 ***476.25



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Principal Place	e of Business	Ma	ailing Address				1 INDIINAL CID INISA LIITE BACCI DACII ORIIS ANIII	(= \$1\$ (\$1(1 \$ \$1) 0 (.e (85)
11216 TAMIAMI	I TR N	112	16 TAMIAMI TR N						
SUITE 233		SUI	SUITE 233				DO NOT WRITE IN THIS SPACE		
NAPLES FL 33963 NAPLES FL 33963						3. Date Incorporated or Qualifed			
							11/10/1993		,
2. Principal P	Mace of Business	2a.	Mailing Address				4. FEI Number	App	olied For
21		26	Ü				65-0448928	Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				_5,_Certifcate of Status Desired_	\$8.75 A	
22		27	<u> </u>					Fee Re	quired
City & Stat	te		City & State				6. Election Campaign Financing	\$5.00	7
23	·	28					Trust Fund Contribution	Added to	o Fees
Zip	Country		Zip	cor	intry		8. This corporation owes the current year Ir		m. (
24	25	29		30			Personal Property Tax.		□No
	9. Name and Address of Currer	nt Regis	tered Agent		81	Nama	10. Name and Address of New Registered	Agent	————
LAICT	DENDODEE VAV				ויא	Name		_	
	RENDORFF, KAY				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	16 TAMIAMI TR N								
	TE 204		•		83		•		}
IVAP	LES FL 33963				84	City	P-1	85 Zip C	Code
							oration submits this statement for the purpose of		
l office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florid itions of,	la. Such change was a , Section 607.0505, Flo	iuthorize irida Stat	a by th	ne corporation	nn's board of directors. Thereby accept the appu	ointment as reg	gistered
	Signature, typed or printed name of registered age		Managardia (A)OTE	. Designor	Agent o	nionature required	t when reinstation) DATE		
	OFFICERS AN				d Agent s	signature required		ND DIRECTO	RS IN 12
12.	OFFICERS AN		CTORS	13.		signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	STD			13.	ITLE	signature required			RS IN 12
TITLE NAME	STD MANTHEY, ANNA	ND DIRE	CTORS	13. 1.1 TI 1.2 N	ITLE AME				RS IN 12
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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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

I IN TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR