

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000055650 (3)
1. Corporation Name
DISK ART, INC.



Principal Place of Business
10 10TH ST #D21
ATLANTIC BEACH FL 32233

**10 10TH ST #D21
ATLANTIC BEACH FL 32233**

3. Date Incorporated or Qualified 07/27/1994		3a. Date of Last Report 06/13/1995	
4. FEI Number 59-3257193		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21		26	
	Suite, Apt. #, etc.		Suite Apt. #, etc.
22		27	
	City & State		City & State
23		28	
	Zip Country		Zip Country
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONRAD, ROBERT R
10 10TH ST #D21
ATLANTIC BEACH FL 32233

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0802 and 607.1503, 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. Thereby, accept the appointment as registered agent. I am: family with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signatures types of printed name, all fully formed, adult and the Tagalog name

It is the purpose of the Agency to provide the necessary technical assistance

DATE _____

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	CONRAD, ROBERT R	
STREET ADDRESS	10 10TH ST #D-21	
CITY - ST - ZIP	ATLANTIC BEACH FL 32233	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GLICK, MARCIA	
STREET ADDRESS	10 10TH ST #D-21	
CITY - ST - ZIP	ATLANTIC BEACH FL	

2.1 TITLE ☐ Change ☐ Add on
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY- ST- ZIP

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3.1 TITLE ☐ Change ☐ Add on
 3.2 NAME:
 3.3 STREET ADDRESS
 3.4 CITY, ST, ZIP

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY, ST, ZIP

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

TITLE	DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(j), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

200

United Fruit Co. #

CR2E034 (12/95)