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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000055650 (3)

FILED Mar 20 1998 8:00am Secretary of State

DISK /	ART, INC.							
Principal Plac	e of Business	Mailing Address				- 1004/Bei (10 1864 BIBAL BRIEL ODIST BESST BES	EL MANDY MINNE MINNET	MILL UDAL PUUT
10 10TH ST #D21 10 10TH ST #D21 ATLANTIC BEACH FL 3223						DO NOT WRITE IN TH	HS SPACE	
						3. Date Incorporated or Qualified 07/27/1994		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	polied For
21		26				59-3257193		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		[27]						equired
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Cot	untry		Tradit dita dontination		to Fees
24	25	29	30	on in y		 This corporation owes or has paid the Personal Property Tax due June 30. 		No langible
27[9. Name and Address of Currer		1001	1		10. Name and Address of New Register		
C	ONRAD, ROBERT R			81 Na	me		_	
	10TH ST #D21			00 04	4 . 4 . 4	on (D.O. Bou Alimah on in Alex Accountable)		
ATLANTIC BEACH FL 32233				82 Stre	set Addre	ss (P.O. Box Number is Not Acceptable)		
				83				
				84 City			les Zin	Code
				OH CIL	<i>'</i>	F	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida State	utes, the a	bove-nan	ed corpo	ration submits this statement for the purpos	e of changing	ts registered
agent. La	egistered agent, or both, in the Statu im familiar with, and accept the obliga	atjens of, Section 607,9505, F	s authorize Florida Stat	itutes.	corporatio	on's board of directors. I hereby accept the	appointment as	registered
SIGNATURE	/6/W. XX V/	ment						
,	Signature, typed or printed name of registered ago			ngia InegA be	alure required	d when reinstating) DAT	·	1
12.	OFFICERS AN	D DIRECTORS DELETE	13.	TI F		ADDITIONS/CHANGES TO OFFICERS /	ND DIRECTOR Change	Addition
TITLE	CONRAD, ROBERT R	□ occcit	1.1 17				Change	
NAME	10 10TH ST #D-21		1.2 N/					
STREET ADDRESS	ATLANTIC BEACH FL 32233			TREET ADDRE	SS			[1
CITY-ST-ZIP TITLE	VP		1 1 4 13	317-51-712				1.
NAME	**						Change	Addition
	GLICK MARCIA	DELETE	2.1 TI	ITLE			Change	Addition
	GLICK, MARCIA 10 10TH ST #D-21		2.1 TI 2.2 N/	ITLE IAME	00		Change	Addition
STREET ADDRESS	10 10TH ST #D-21		2.1 TI 2.2 N/ 2.3 ST	itle Iame Treet addre	ss		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			2.1 TI 2.2 N/ 2.3 ST	itle Iame Treet addre City-St-Zip	ss		☐ Change	Addition
STREET ADDRESS	10 10TH ST #D-21	☐ DELETE	2.1 Ti 2.2 N/ 2.3 ST 2.4 C	itle Iame Treet addre City-St-Zip Itle	ss			
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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.

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