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 19 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000065795 (4)**

1. Corporation Name
ARTIM CORPORATION

Principal Place of Business	Mailing Address
595 BEVILLE ROAD SOUTH DAYTONA FL 32119	595 BEVILLE ROAD SOUTH DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/31/1994**
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 6422, WINEGARD RD.
Suite, Apt. #, etc.
27
City & State
28 ORLANDO. FL
Zip 29 32809 Country 30 ORANGE

4. FEI Number — ☐ 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

PATEL, MUKUND K
595 BEVILLE ROAD
SOUTH DAYTONA FL 32119

10. Name and Address of New Registered Agent

81 Name: PATEL MUKUND. K.
82 Street Address (P.O. Box Number is Not Acceptable)
83 595, BEVILLE RD.
84 City: S. DAYTONA FL 85 Zip Code: 32119

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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	PATEL MUKUND. K (PRE) ☐ Change ☐ Addition
NAME		12 NAME	PRESIDENT / SEC
STREET ADDRESS		13 STREET ADDRESS	595. BEVILLE RD.
CITY-ST-ZIP		14 CITY-ST-ZIP	DAYTONA FL-32119
TITLE		21 TITLE	VIC-PRESIDENT / TR ☐ Change ☐ Addition
NAME		22 NAME	PATEL HASMUKHBHAI. A.
STREET ADDRESS		23 STREET ADDRESS	215. NALDERWOOD. ST.
CITY-ST-ZIP		24 CITY-ST-ZIP	WINTER SPRING FL-32708
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: _____ 4-5-94 (407) 888-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008811 CP