FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000088459 (0)**

1. Corporation Name

ART EFFECTS, INC.

Principal Place of Business

65 SW FLAGLER AVE
STUART FL 34994
US

Mailing Address

1522 S.E. ROYAL GREEN CIRCLE
UNIT P204
PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified: **12/05/1994**

3a. Date of Last Report: **02/21/1995**

4. FEI Number: **65-0544810** ☐ 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

2. Principal Place of Business

21 Suite, Apt. #, etc. 22

City & State 23

Zip 24 Country 25

2a. Mailing Address

26 8258 SANDPINE CIRCLE

Suite, Apt. #, etc. 27

City & State 28 PORT ST. LUCIE, FL

Zip 29 34952 Country 30 USA

9. Name and Address of Current Registered Agent

LYNCH, SEAN
1522 S.E. ROYAL GREEN CIRCLE
UNIT P204
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8258 SANDPINE CIRCLE

83

84 City PORT ST LUCIE **FL** 85 Zip Code 34952

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: Sean Lynch SEAN LYNCH, RESIDENT AGENT/MANAGER 3/25/96
SIGNATURE OF NEW REGISTERED AGENT, IF CHANGING — DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	LYNCH, CONSTANCE G	
STREET ADDRESS	1522 S.E. ROYAL GREEN CIRCLE, #P204	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	VTD	☐ DELETE
NAME	GORDON, ROBERT	
STREET ADDRESS	1522 S.E. ROYAL GREEN CIRCLE, #P204	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	8258 SANDPINE CIR	
14 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
21 TITLE		☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	8258 SANDPINE CIR	
24 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete and accurate, and that this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 attached amendment, with an address.

CONSTANCE G LYNCH, PRES

SIGNATURE: Constance G Lynch Pres 3/25/96 407/220-6680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER