

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000009155 (9)

1. Corporation Name

ARTPHYL, INC.



Principal Place of Business

Mailing Address

7778 NW 71st Way
Parkland FL 33067

7778 NW 71st Way
Parkland FL 33067

2. Principal Place of Business

21 7778 NW 71st Way

Suite, Apt. #, etc.

22

City & State

23 Parkland FL

Zip

24 33067

Country

25 USA

2a. Mailing Address

26 7778 NW 71st Way

Suite, Apt. #, etc.

27

City & State

28 Parkland FL

Zip

29 33067

Country

30 USA

3. Date Incorporated or Qualified

01/31/1995

3a. Date of Last Report

3-6-46 ENC.

4. FEI Number

65-0632442

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

81 Name

W. Arthur SPECTOR

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

7778 NW 71st Way

83

Parkland

84 City

FL 85 Zip Code

33067

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

Signature typed or printed next to that of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D. PAES

STREET ADDRESS SPECTOR, ARTHUR W.

CITY-ST-ZIP 7778 N.W. 71st Way

Parkland, Florida 33067

TITLE ☐ DELETE

NAME D. VICE PRESIDENT

STREET ADDRESS SPECTOR, PHYLLIS

CITY-ST-ZIP 7778 N.W. 71st Way

Parkland, Florida 33067

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE ☒ Change ☐ Addition

12 NAME SPECTOR W. Arthur

13 STREET ADDRESS 7778 NW 71st Way

14 CITY-ST-ZIP Parkland Florida 33067

21 TITLE ☒ Change ☐ Addition

22 NAME V.P.

23 STREET ADDRESS SPECTOR PHYLLIS

24 CITY-ST-ZIP 7778 NW 71st Way

25 CITY-ST-ZIP Parkland, Florida 33067

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

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. Arthur Spector

W. Arthur Spector

620-46

954
796-0894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)