FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name	P95000042806
ART ZONE, INC.	

Principal Place of Business

2. Principal Place of Business

225 W. 5th ANG

Mailing Address

2731 OLD HWY 411 MOUNT DORA FL 32757 .2731_OLD_HWY. 411--MOUNT DORA FL 32757

2a. Mailing Address

225 W

Suite, Apt. #, etc.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90044 007 ***150.00



DO NOT WRITE IN THIS SPACE	

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

05/26/1995 4. FEI Number

59-3317239

City & State Country Zip	Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.					ļ	5. Certificate of Status Desired	*** \$8.75 A	1		
Added to Fees Added to Fee	22			<u>, </u>				<u> </u>		·		
Zip Country Zip	City & State		<u> </u>	City & State			l	, , , , , , , , , , , , , , , , , , , ,				
9. Name and Address of Current Registered Agent HOLLYOWAY, SUSAN R 2731 OLD HWY 411 MOUNT DORA FL 32757 81	23						•			rees		
9. Name and Address of Current Registered Agent HOLLYOWAY, SUSAN R 2731 OLD HWY 411 MOUNT DORA FL 32757 4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept the optigating its registered agent. I aminimal with, and accept the optigating play its statement of the purpose of changing its registered agent. I aminimal with, and accept the optigating play its statement of the purpose of changing its registered office or registered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Floridal Statutes, statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent. I aminimal with, and accept the optigation of the purpose of changing its registered of office or registered agent. I aminimal with, and accept the optigation of the purpose of changing its registered of the option	<u> </u>	Country	Zip	,								
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HOLLYOWAY, SUSAN R 2731 OLD HWY 411 MOUNT DORA FL 32757 82 Street Address (P.O. Box Number is Not Acceptable) 2.2.5		9. Name and Address of Currer	t Registere	d Agent	- 04	I Name		10. Name and Address of New Registr	ered Agent			
### STREET ADDRESS Street Address (P.O. Box Number is Not Acceptable) ### 2.2.5 U. E. H. AUS ### City ### FL 85 Zip Code ### City ### FL 85 Zip Code ### City #	HOLL	VOWAY CHEAN P			81	81 Name						
MOUNT DORA FL 32757 83	·				82	82 Street Address (P.O. Box Number is Not Acceptable)						
### City ### B\$ Zip Code 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, and accept the appointment as registered agent, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. In the appointment agent												
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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, with all other like empowered.