FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000051619 (1)

1. Corporation INTERN Principal Place	NATIONAL ART RESOURCE	GROUP, INC. Mailing Address	,		
22191 MARTELLA AVE 22191 MARTELLA AVE BOCA RATON FL 33433 BOCA RATON FL 33433					
				3. Date Incorporated or Qualified 07/03/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-059130	
Suite, Apt. # 22	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
<i>Z</i> ip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Curren			10. Name and Address of New Re	
343 ALM Coral (V FIRM OF LAWRENCE J SPIEG IERIA AVENUE GABLES FL 33134		83 ZZ1	VILLIAM C. B ress (P.O. Box Number is Not Acceptable 91 MARTELL CA RATON	FL 85 35433
11. Pursuant to or registere familiar with SIGNATURE	o the provisions of Sections 607.0502 daggott, of both, in the State of Both h, and adjust the galigations of Sections such speed out to have of regions again.	X Como k	es, the above-named corpored by the corporation's boa	ration submits this statement for the purp rd of directors. I horeby accept the appoint 4-2 d when reinstating!	24.96
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
Talle	PTD	□ DELETE	1. 1 TITLE		CHANGE CHANGE Addition
NAME STREET ADDRESS	BLINN, JUDITH E 22191 MARTELLA AVE		1.2 NAME 1.3 STREET ADDRESS		8
CITY-ST-ZIP	BOCA RATON FL 33433		1.5 STREET ADDRESS		ZE
TITLE	VSD	☐ DELFTE	2 1 TITLE		Change Addition
NAME	BLINN, WILLIAM C JR		2 2 NAME		
STHEELT ADDRESS	22191 MARTELLA AVE		2.3 STREFT ADDRESS		
CITY - ST - ZIP TITLE	BOCA RATON FL 33433	[] DELETE	2 4 CITY - ST- ZIP 3 1 TITLE		Change Addition
NAME		Ottere	3 2 NAME		Changs C Xunnon
STREET ADDRESS			3.3 STHEET ADDRESS		
CULY-SI-ZIP			3 4 DITY-ST-ZIP		ļ
THILF		☐ DELETE	4. 1 1/TLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY ST-ZIP		Florita	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME CLOCK LADORESS			5 2 NAME		
STREET ADDRESS			5 3 STHEET ADDRESS		
City - S* - 7i?		DELETE	5 4 CITY-ST ZIP 6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS					
			6 3 STREET ADDRESS		
14. I do hereby	certify that the information supplied v	vith this filing is voluntarily furn	6 4 CITY-SI-ZIP ished and does not qualify for	or the exemption stated in Section 119.0	7(3)(k), Florida Statutes, Lfurther
certify that oath, that I appears in	the information indicated on this annu am an officer or director of the corpo Block 12 or Block 15 if manged, 170	aireport or supplemental fraction or the receiver of ruston an attachment with an address	ual report is true and accura conflowered to execute thi	or the exemption stated in Section 119.0 de and that my signature shall have the s s report as required by Chapter 607, Flor	i
SIGNATURE: SIGNATURE OF TYPED OF PRINTED NAME OF SIGNING OFFICER OF INSECTOR 4-74-96 407 451 4485					