

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000056346

1. Corporation Name

ARTISTIC ACCESSORIES, INC.

Principal Place of Business

9557 AEGEAN DRIVE  
BOCA RATON FL 33496

Mailing Address

9557 AEGEAN DRIVE  
BOCA RATON FL 33496

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

LUCIANO GAITA  
9557 AEGEAN DRIVE  
BOCA RATON FL 33496

81 Name

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

83

84 City

FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME [ ] DELETE

PTD  
GAITA, LUCIANO  
9557 AEGEAN DRIVE  
BOCA RATON FL 33496

TITLE NAME [ ] DELETE

VSD  
GAITA, JUNE  
9557 AEGEAN DRIVE  
BOCA RATON FL 33496

TITLE NAME [ ] DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME [ ] DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME [ ] DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME [ ] DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

400002842314--9

-04/16/99--01078--015

\*\*\*\*150.00 \*\*\*\*150.00

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. 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

SIGNATURE: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR LERAO, ATT-Y-IN-FACT

4/6/99

561-995-0064

FILED

99 APR -9 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1995

4. FEI Number

65-0596720

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 owes the current year Intangible  
Personal Property Tax [ ] Yes [X] No

10. Name and Address of New Registered Agent

CR2E034 (1/98)

Special Power of Attorney

I, Lou Gaita, President of Artistic Accessories, Inc., hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA the right to prepare and sign in Block 14 of the signature area the Florida Department of State Profit Corporation Annual Report on behalf of Artistic Accessories, Inc... This Power of Attorney shall become effective immediately, and shall continue until revoked by me in writing. <sup>2</sup>

Lou Gaita  
Signature

Pres  
Title

10/31/98  
Date

Lou Gaita  
PRINT NAME