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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000063879 (7)

ARTISTIC PROFILE, INC.

Principal Place of Business

Mailing Address

FILED May 01 1998 8:00am Secretary of State



STE 206 MARGATE FL U8 2. Principal P 21 1209 Suite, Apt. 22 City & State 23 1 A M	EAST HENRY AVE,	Zip	ENRY FLOR	NA	DO NOT WRITE 3. Date Incorporated or Qualified 08/17/1995 4. FEI Number 65-0607622 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has pain		\$8.75 Fee R \$5.00 Added	applied For lot Applicable Additional Required May Be I to Fees Intangible
24 33 60	9. Name and Address of Current		o US	<u> </u>	Personal Property Tax due June : 10. Name and Address of New Reg			No
42	WOHUK, JOSEPH A V	negistered Agent	81	Name	(U. Hame and Address of New Field	310,00	gent	
				Stroot Add	ress (P.O. Box Number is Not Acceptabl	-1		
	RGATE FL 33063 —		82	Siledi Aud	iress (F.O. Box Number is Not Acceptable	<i>5)</i>		
			83			-		
			84	City	·		85 Zip	Code
dd Diwarant	to the provisions of Continue SO7 0500	and CO7 1500 Florida Otal Jan	the chair		poration submits this statement for the pu	FL		ite enginteend
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	I Florida Such change was aut	thorized by	the corpora	the public statement of the public statement of the public statement of directors. I hereby accept	the appo	onanging i pintment as	s registered
SIGNATURE	Signature, typed or printee name of registered agent	and title if applicable (NOTE: f	Registered Age	of signature regu	red when reinstaling}	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	
TITLE	PSTD	☐ DELET E	1.1 TITLE			ſ	☐ Change	Addition
NAME	SAWCHUK, JOSEPH A V		1.2 NAME					
STREET ADDRESS	8375 PINEWALKDR N-#206 MARGATE FL-83068		1.3 STREET					
CITY-ST-ZIP TITLE	MANUALE PE-00000	DELETE	1.4 CITY - S 2.1 TITLE	1-ZIP			Change	Addition
NAME		<u> </u>	2.2 NAME	j		•	criange	
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2.4 CITY-					
TITLE		DELETE	3 1 TITLE	,, <u>, , , , , , , , , , , , , , , , , ,</u>			Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY - 1	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
RAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY+ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			52 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	1 - ŽIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	ļ				
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP		-	6.4 CITY - S	T-ZIP				
14. hereby o	ertify that the information supplied with	this filing does not qualify for	the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I f	urther cer	tify that the	e information
officer or	on this annual report or supplemental a director of the corporation or the receiv	annual report is true and accura- rer or trustee empowered to ex-	ate and the ecute this	at my signatu report as req	ure shall have the same legal effect as if i juired by Chapter 607, Florida Statutes; a	nade und nd that m	ier oath; th ly name ar	iat Fam an opears in