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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P95000065585 (8)

ARTEMIS INTERNATIONAL TECHNOLOGIES, INC.

FILED May 01 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address						FILE MOLES OUTED BIFOL DISSE DIS	64 18181 4 111 1 86 1
2111 PALM PLACE DRIVE 2111 PALM PALM BAY FL 32905 PALM BAY							
I NEW UNI		**************************************	~		3. Date Incorporated or Qualified 08/24/1995	3a. Date of Last Re	port
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			57-533999/		ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	1		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ζφ	Counti	ry	8. This corporation has liability for	intangible tax under s	199.032,
24	25	29	30		Florida Statutes	i □ No	
	g. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered Agent	
1825 S	IELL, BRUCE A ESQ S. RIVERVIEW DRIVE DURNE FL 32901		8 8 8	2 Street Ad	Boyd Bradley K dress (P. 9 Box Number is Nor-Acceptal SO Rialto Place vite 7271 Nelbourne	85 Zip	Code 2 9 3 5
or register familiar wit	ed agent, or both, in the State of Florid th, and accent the obligations of, Section Signature typed or protect from the type food agent is OFFICE RS AND	a Such change was author in 607,0505, Florida Statute	ized by the cor as.	rporation's bo	noration submits this statement for the pupard of directors. Thereby accept the apparent mindaling ADDITIONS/CHANGES TO OFF	oointment as registered :	agent. I am
12.	D OFFICENS AND	DELETE	1 1 TITL			Chaosa	Addit-on
NAME	PROCTOR, DUSTIN T		1.2 NAM		Richardson, Richa 200 Olympic Way Melbourne, Fl	and	
STREET ADDRESS	2111 PALM PLACE DRIVE			ET ADDRESS	200 olympic Way	Apt #4	
CITY - ST - ZIP	PALM BAY FL 32905		1.4 CITY		melhourne Fl	32901	
TITLE	D	DELFTE	2 1 [1][☐ Change	☐ Addition
NAME	DOGANCAY, MUSFIK		2 2 NAM	E			
STREET ADERESS	2111 PALM PLACE DRIVE		2 3 STRE	ET ADDRESS			
CITY - ST - ZIP	PALM BAY FL 32905		2.4 CiTY	- ST - ZIP			
TITLE		DELETE	3 1 TIJL	F		Change	Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STRE	EET ADDRESS			
CITY - ST - ZIP			3 4 CiTY	the second section of the second section is			_ <u></u>
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NAME			4.2 NAM	f			
STREET ADDRESS			4 3 STRE	ET ADDRESS			
CHY-ST-ZIP		PM ACCO	4.4.0117			**************************************	
TITLE		☐ DELETE	5 1 1/11			Change	Addition
NAME			5.2 NAM				
STREET ADDIRESS				ET ADDRESS			
City-St-ZiP			5 4 City				F= 4 (19)
TITLE		DELETE	6 1 TiTu			Change	Addition
NAME	·		€ 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP	1		6.4 C-TY	-ST-ZIP			

14. Ido 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 607, Florida Statutes; and that my name appears in Block 13 if changed for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

407-952-9935