PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065585

ARTEMIS INTERNATIONAL TECHNOLOGIES, INC.

1					
Principal Place	of Business	Mailing Address		((() () () () () () () () ()	
1900 S HARBOR CITY BLVD SUITE 106 MELBOURNE FL 32901 1900 S HARBOR CITY BLVD SUITE 106 MELBOURNE FL 32901				DO NOT WRITE IN THIS	S SPACE
US US				3. Date Incorporated or Qualified	
Ì				08/24/1995	
2. Principal Pl	ace of Business	2a. Mailing Address	0 Dag	4. FEI Number	Applied For
21 14 27	Hurora-Kead	26 -1427-HUKOH	A-KOAD	59-3339991	
Suite, Apr.	#, etc.	Suite, Apf #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
23 Melbourne FL 28 Melbourne			FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Country	8. This corporation owes the current year in	
24 329:		29 32935 30	Brewn	Personal Property Tax.	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
RICHARDSON, RICHARD					
1200 LARCH CIRCLE #206				ress (P.O. Box Number is Not Acceptable)	
PALM BAY FL 32905				10 ALTAMIONT LAVE IL	<u> </u>
PALM DAT PE 32300					
,			84 City	In Ray El	85 Zlp Code
A Description of Coding SQ 0500 and 607 1509. Bloids Statutes the above comparing submind this statement for the purpose of changing its registeled					
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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature Project or content name of recisivered exert and lide if approache. (NOTE Registered Agent signature required when reinstating) DATE					
12.	Signature, typed or printed name of registered agent of OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D		I.1 TITLE		ND DIRECTORS IN 12 Di Change Addition
NAME	PROCTOR, DUSTIN T	1,	1.2 NAME		74
STREET ADDRESS	150 W. UNIVERSITY BLVD 5404		I.3 STREET ADDRESS	1370 ALTAMONT AVENE	: I 👸
CITY-ST-ZIP	MELBOURNE FL 32901		L4 CITY-ST-ZIP	Palm Bay, FL 32907	/ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TITLE	0		2.1 TILE	, , , , , , , , , , , , , , , , , , , ,	☐/Change ☐ Addition ○
NAME	RICHARDSON, RICHARD	1:	2 NAME		
STREET ADDRESS	1200 LARCH CIRCLE #206	l :	23 STREET ADDRESS	1370 ALTAMONT AVE A	DE '-
CITY-ST-ZIP	PALM BAY FL 32905		2.4 CITY-ST-ZIP	On In Ray, FL 32907	
TITLE	Tribin Driving George		3.1 TITLE	() () () () () () () () () ()	Change Addition
NAME	•	l :	3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			8.4. CITY-ST-ZIP		
TITLE		DELETE -	i, t TITLE		Change Addition
NAME		4	I. 2 NAME		
STREET ADDRESS		i d	3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE		☐ DELETE !	5.1 TTLE		☐ Change ☐ Addition
NAME			S 2 NAME		
STREET ADDRESS		:	3 STREET ADDRESS		
CITY-ST-ZIP	·		4 CITY-ST-ZIP		
TITLE		C Detete	3.1 TITLE		Change Addition
NAME		i i	5.2 NAME		
STREET ADDRESS		į	S.3 STREET ADDRESS		}

14. I hereby certify that the information supplied with this filling 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-en attachment with an address, with all other like empowered.

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FILED

Mar 10, 1999 8:00 am Secretary of State

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