

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

**FILED**  
**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90003 017 \*\*\*150.00

DOCUMENT # 1. Corporation Name  
**ARTIGRAFIX, INC.**  
**P95000077703**

Principal Place of Business Mailing Address  
**6612 MISSION CLUB BLVD** **MISSION CLUB BLVD**  
**# 203** **# 203**  
**ORLANDO, FL 32821** **ORLANDO**  
**FL 32821, USA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/11/1995**

2. Principal Place of Business 21 <b>MISSION CLUB BLVD</b>	2a. Mailing Address 26 <b>MISSION CLUB BLVD</b>	4. FEI Number <b>59-3336520</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22 <b>203</b>	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State 23 <b>ORLANDO, FL</b>	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 24 <b>32821</b>	Country 25 <b>USA</b>	Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRIS SZARWINSKI**  
**6612 MISSION CLUB BLVD #203**  
**ORLANDO**  
**FL 32821**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 **KRIS SZARWINSKI - PRESIDENT & THE CEO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **04/30/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PRESIDENT, C.E.O.</b>	<input type="checkbox"/> DELETE
NAME	<b>KRIS SZARWINSKI</b>	
STREET ADDRESS	<b>6612 MISSION CLUB BLVD #203</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32821</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **KRIS SZARWINSKI, PRESIDENT & C.E.O**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)