Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000017419

1. Corporation Name

Principal Place of Business

STAMP ART INTERNATIONAL, INC.

FILED
May 07, 1999 8:00 am
Secretary of State
05 05 1000 00100 002 ***150 00

05-07-1999 90108 026 ***150.00



19811 MARLE CHASE BOCA RATION FL 334 US	DEL RAY BEACH FLA 33483 U.S.	US	DELR FLA	Вистой к Лу Вепен 33483 U .5	DO NOT WRITE 3. Date Incorporated or Qualifed 02/26/1996	TE IN THIS	SPACE	
2. Principal Place o	f Business	2a. Mailing Address			4. FEI Number		Ar	pplied For
21		26			65-0646459		N	ot Applicable
Suite, Apt. #, etc	•	Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional equired
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country 25	Zip 3	Country		This corporation owes the current Personal Property Tax.	ent year Inta	angible Yes	□No
	Name and Address of Current	Registered Agent			10. Name and Address of New R	Registered /	Agent	
AMERICA	MYEN CHAPMERED RA	YMOND RIPLEY JUNE S N. E 674 AUC	81 82	Name Street Addres	ss (P.O. Box Number is Not Accepta	ible)		
CORAL C	ABI F3 FL 33134 DA	ELRAY BEACH	83		<u> </u>			
	#	LA 39483	84	City	····	FL	85 Zip	Code
SIGNATURE Signatu	ure, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	Registered Ager	nt signature required v	when reinstating) ADDITIONS/CHANGES TO OF	PALL DATE FICERS AN	D DIRECTO	ORS IN 12
TITLE PD			1.1 TITLE			_	Change	
1	nen-power-w- M	CHARL R. LANGLEY	1.2 NAME					
STREET ADDRESS	/6	26 BUCIDA ROAD ELRAY BEACH ELA 33483	1.3 STREET	I				
		- ZA 33 4 8 3 ☐ DELETE	1.4 CITY-5 2.1 TITLE	1-ZIP			Change	Addition
TITLE 3	S ₅	PAWET ALLEN LANGUE					_ ,	_
	BER, RANDY L 11 MAPLE CHASE DRIVE	026 BUCIDA ROMS	2.3 STREET	TADODESS				′
	HI MAPLE CHASE DRIVE CA RATON EL 33498	DELRAY BRACH FLA 33483	2.4 CITY-5	1				
CITY-ST-ZIP = BU	CA RAION FL 33480	DELETE	3.1 TITLE	31-21			Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			1	TADDRESS				
CITY-ST-ZIP			3.4. CITY- S					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY- S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADORESS				
CITY-ST-ZIP			5.4 CITY-S	T- ZIP				
TITLE		☐ DELETÉ	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE: