FILED FILE NOW: FILING FEE AFTER MAY 1-18 \$550.00 Jun 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 P960000 33806 DOCUMENT # ARTSPLANNING & DESIGN COMPANY, INC. Principal Place of Business Mailing Address 1401 Mashington St 1401 MASHINGTON ST KEYNEGT, FL 33040 KEYNEST, FL 33040 3. Date Incorporated or Qualified 3a. Date of Last Report 4/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0665532 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL32301 84 City 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 Signature, typed or printed name of registered against and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE TITLE 1.1 TITLE HARRY 5. KRAUT 1.2 NAME NAME 1401 WASHINGTON ST. STREET ADDRESS 1.3 STREET ADDRESS KEY NEST, FL 33040 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 217006 Change Addition TITLE PETER A LOIKO 2.2 NAME NAME 1401 WASHINGTON ST. 2.3 STREET ADDRESS STREET ADDRESS KEY NEST, FL33040 2 4 CITY-S1-7IP CITY-ST-ZIP DELETE 31 TITLE Change Addition TiTLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 41 TITLE Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - 7/P CITY-ST-ZIP TITLE DELETE 617016 Addition 400002217884 NAME 6.2 NAME

6.3 STHEET ADDRESS

64 C/TY - S1 - ZIP,

SIGNATURE:

STREET ADDRESS

14. I do 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or sustee empowers of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cyanged, or on an attachment with an address. 6/17/97

-06/20/97--01007--024

305-294-4222