FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P96000033806 (6)

ARTS PLANNING & DESIGN COMPANY, INC.

Principal Place of Business

Mailing Address

1401 WASHINGTON

1401 WASHINGTON

FILED Feb 19 1998 8:00am Secretary of State



KEY WEST FL 83040		KEY WEST FL 33040				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						04/17/1996	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21 1401	TROPICAL AVE.	26 1401 TROPI	401 TROPICAL AVE.			65-0665532 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22	·	27				Fee Required	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be	
Zip	Country	28 7in	I Cou	m ber i	 .	Trust Fund Contribution Added to Fees	
24	25	Zip	Cou	ıı ıtı y		8. This corporation owes or has paid the current year Intangible	
241	g. Name and Address of Curren	29 29 Agent	30]			Personal Property Tax due June 30. Yes No	
	CORPORATION SERVICE COMPA			81	Name	10.	
1201 HAYS STREET							
	ALLAHASSEE FL 32301		62 St		Street	Address (P.O. Box Number is Not Acceptable)	
•			l	83			
			1	84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the at	oove	-named	corporation submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authorized	d by	the corp	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	with a state of the state of th	and the december our locate, the	nou blace	0100			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOT)	E: Registered	1 Age	nt signature	required when reinstating) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TIE	LE		Change Addition	
NAME	KRAUR, HARRY J		1.2 NA	ME		Kraut, Harry J.	
STREET ADDRESS	1401 WASHINGTON ST.		1.3 \$1	REET	AODRESS	1401 TROPICAL AVE.	
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CIT		r-ZIP	Key nest pl 33040	
TITLE	A NORO DELEGA	☐ DELET E	2.1 T(T			Change Addition	
NAME	LOIKO, PETER A		2.2 NA			Loiko,Peter A. 1401 Tropical Ave	
STREET ADDRESS	1401 Washington St. Key West Fl 33040						
CITY-ST-ZIP	KET WEST FL 33040	DELETE	2. 4 CI		T-ZIP	KEY NEST PL 33040	
TITLE NAME		C OUCE	3.1 TIT			Change Addition	
ľ			3.2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. Ci		1 - ZIP	☐ Change ☐ Addition	
NAME			4. 2 NA			Change Addition	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			4.4 CIT				
TITLE		DELETE	5.1 TITI		411	☐ Change ☐ Addition	
NAME		_	5.2 NA			The state of the s	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			5.4 CIT		!		
TITLE	· 	☐ DELETE	6.1 TIT		-	☐ Change ☐ Addition	
NAME			6.2 NAI	ME	į		
STREET ADDRESS			6.3 STR	REET A	ODRESS		
CITY-ST-ZIP			6.4 CIT	Y-ST	· ŽIP		
14. I hereby c	ertify that the information supplied wit	th this filing does not qualify for	r the exer	mpti	on state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
officer or o	on this armula report or supplemental director of the corporation or the receion Block 13 if changed, or on an attac	iver or trustee empowered to e	execute th	nis re	eport as	nature shall have the same legal effect as if made under oath, that I am an required by Chapter 607, Florida Statutes; and that my name appears in	