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

PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000035012 (9)

ARTEMU	JS, INCORPORATED										
Principal Place of Businoss Mailing Address									AF BAGA B olio f 18 9 8	1 1101 1801	
1330 GOLFVIEW STREET ORLANDO FL 32804 1330 GOLFVIEW STREET ORLANDO FL 32804-6114											
				· ·	···		3. Date Incorporated or Qualified 04/18/1996	3a . [Date of Last R		
—	Place of Business	F:1	2e. Mailing Address				4. FEI Number 59 - 3382100			oplied For	
Sulte, Apt.	#, etc.	26 Su	Suite, Apt. #, etc				,			ot Applicable Additional	
22		27	**1				5. Certificate of Status Desired		Fee Re		
City & Stat	te	Cit	City & State				Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution Added to Fees				
Zip	Country	} -·-ı	ı `		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutos ✓ Yes ✓ No			. 199.032,	
24	9. Name and Address of Curre		29 t Registered Agent				10, Name and Address of New Registered Agent				
RED	RY, PAUL L III			8	1	Name					
	O GOLFVIEW STREET					Stroot Addre	(Address (P.O. Box Number is Not Acceptable)				
	ANDO FL 32804						Address (n.o. nox number is not Acceptable)				
				В	3						
	•			8	4	City			85 Zip	Code	
41 Director	to the provisions of Continue CO2	01.00 and 007.1	roe Hosida Ciata	too the abo	1.	nomed sema	esting submits this statement for the	FL	al chancing it	to registered	
office or	registered agent, or both, in the S	tate of Horida.	Such change was	authorized	by 1	the corporation	oration submits this statement for the p on's board of directors. I hereby accep	t the ap	pointment as	registered	
-	am familiar with, and accept the o	nigadoris di, Sc	ection 607.0505, Fi	ionda Statut	es					ļ	
SIGNATURE	Signature, typed or printed name of registers	dagredandtile dap	orabi (NO	H : Registeren A	gen	t signature required		DATE			
12.	OF LICERS	AND DIRECTO				TALE	ADDITIONS/CHANGES TO OFFIC	ERS AN			
TITLE			L_I OCLETE 1.			PPD	IC BERRY III		Change	Addition .	
NAME OZOGET ADDRESS				1 2 NAM 1 3 STRE		PA 4	10 GOLFVIEW STREET				
STREET ADDRESS CITY-ST-ZIP				1.4 OIY			4NDO FL 32804-611	L			
TITLE			DELETE 21			ull n	Change			Addition	
NAME				2.2 NAM	E	CAL	rrie L. Berry	•			
STREET ADDRESS				2.3 S1RE	ET A		30 GOLFVIEW STREET				
CITY-ST-ZIP				2 4 CITY	(- ST		LANDO FL 32804-6114	•			
TITLE			DELETE	3 1 1111		VID	Amorula		Change	Addition	
NAME				3.2 NAM		HAU	5 Lynch Avenue				
STREET ADDRESS				3.3 S1RE		DDRESS 66	THITE CITY L 62040-20	3.1/			
CITY-ST-ZIP TITLE			DELETE	3.4 CITY 4.1 TITLE		-ZIP (7 R/	THIS CITY IL GADGE A	1/6	Change	Addition	
NAME	ĺ		LJ DEG IC	4.1 (I) LC					C Outside		
STREET ADDRESS				4.3 STHL		ADDRESS					
CITY-ST-ZIP				4.4 Cfl Y							
TITLE			DELFTE	51 TITLE	•	···			Change	Addition	
NAME				5.2 NAM	ί						
STREET ADDRESS				5.3 STRE	ET A	ODRESS					
CITY-ST-ZIP		/		5.4 CITY		· ZIP			· · · · · · · · · · · · · · · · · · ·		
TITLE			DELETE	61 TITLE					L Change	Addition	
NAME				6.2 NAM	E						

14. I do hereby certify that the information supplied with this filing closs 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 eath; 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.

CITY-ST-ZIP

SIGNATURE:

Sail & Berry & Buy Bragyle

3/1/97

(618) 797-0235

FILED

Mar 14 1997 8:00am

Secretary of State