Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90194 040 ***150.00

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

DOCUMENT # P9600037105

1. Corporation Name

ZEBRA ART STUDIOS, INC.

			_					
Principal P acc	e of Business	Mailing Address						E181 8111 1881
1410 FLETCHER	R ST	1410 FLETCHER ST	1410 FLETCHER ST					
HOLLYWOOD F		HOLLYWOOD FL 33020				DO NOT WOITE IN THE ORDA	o-	
						DO NOT WRITE IN THIS SPA	JE	
						3. Date Incorporated or Qualifed 04/24/1996	,	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Apr	lied For
21		26				65-0663068		Applicable
Suite, Act. #, etc.		Suite, Apt. #, etc.				! E Cartifosto of Statue Decired		iditional
22		27					Fee Red	lnited
City & Stat	е	City & State				, , , , , , , , , , , , , , , , , , , ,	5.00 t	• 1
23		28				Trust F und Contribution	Added to	Fees
Zip	Cour try	Zip		untry		8. This corporation owes the current year intangib		
24	25	29	30	,		Persor al Property Tax.		l∃No
	9. Name and Address of Curre	nt Registered Agent		<u> </u>		10. Name and Address of New Registered Ager	<u>t</u>	
LOB	UCCC DODEEN			81	Name			
LORUSSO, DOREEN				82	Street Ac	dress (P.O. Box Number is Not Acceptable)		-
	FLETCHER ST							
HOL	LYWOOD FL 33020			83				
				84	City	85	Zip C	ode
				1		rporation submits this statement for the purpose of chan		
SIGNATURE	Signature, typed or printed naine of registered ag	<u>-</u>		d Agen	t signature requ	ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	- <u> </u>
12.	P OFFICERS A	NE DIRECTORS ☐ DELETE	13,	TIE			Change	Addition
TITLE	LORUSSO, DOREEN		1	AME	}	-	J	_ }
NAME	4440 FLETOUED OF				ADDRESS			
STREET ADDRESS	HOLLYWOOD FL 33020							1
CITY-ST-ZIP	VP	☐ DELETE	2.1 T	TY-ST	1-ZIP		Change	Addition
TITLE	1 **	O pertie	2.2 N					
NAME	LORUSSO, MICHAEL M 1410 FLETCHER ST		1		LODDECC			
STREET ADDRESS	HOLLYWOOD FL 33020				ADDRESS			
CITY-ST-ZIP	HOLLTWOOD FL 33020	DELETE	2.40	CITY-S	T-ZIP		Change	Addition
TITLE		D percie	- 1	AME				_
NAME					ADDOESS			}
STREET ADDREUS					ADDRESS			ļ
CITY-ST-ZIP		DELETE	4.1 [JITY-S ITI F	I-ZIP		Change	Addition
TITLE				NAME				_
NAME PERCET ADDRESS			1		ADDRESS			1
STREET ADORESS					1			
CITY-ST-ZIP TITLE		☐ DELETE		:11Y-S1 11LE	- 411-		Change	Addition
				AME		_	-	
NAME					ADDRESS			j
STREET ADDRESS	1			ITY-S	Į.			{
CITY-ST-ZIP TITLE		☐ DELETE		TLE			Change	Addition
NAME			6.2 N	AME		_	-	
STREET ADDRESS					ADDRESS			İ
O'VEE I WORKERS	1				1			

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:

CITY-ST-ZIP