FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90177 035 ***158.75



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 - 19

 Corporation 	TINE ARTS, INC.	048987			
Principal Place	of Business	Mailing Address	_ _	\$ 1001100) ITE ERGIO BEITE ORIGI ORIII ANTIE ORGI OTABL	fillen illent idter rade rade
2205 TIPPERARY		2205 TIPPERARY CT			
ORLANDO FL 32812 ORLANDO FL 32812					
				DO NOT WRITE IN THIS SPA	4CE
4		•		3. Date Incorporated or Qualifed	
7		2a Mailing Address	. 4	06/06/1996 4 FEI Number	Applied For
	ace of Business	 	•	59-3394985	Not Applicable
Suite, Apt. 3	H etc	Suite, Apt. #, etc.			8.75 Additional
22	, , 610.	27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangi	ible _
24	25	29 3	0	1 1010011011100011, 10711 —	Yes ☐No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Age	nt
CUA	ADION CONSTANCE TAVI		81 Name		
CHAMPION, CONSTANCE TAYL			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
2205 TIPPERARY CT ORLANDO FL 32812					
UND	ANDO PL 32612		83		
	•		84 City	/ FL	Zip Code
agent. I ar SIGNATURE	to the provisions of Sections 607.050: agistered agent, or both, in the State on familiar with, and accept the obligations. Signature, typed or printed name of registered ager	lions of, Section 607.0505, Florid	, the above-named control of the corporation of the	poration submits this statement for the purpose of cha ion's board of directors. I hereby accept the appointment and when reinstating)	nging its registered
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	CP	☐ DELETE	1.1 TITLE		Change
NAME (CHAMPION, ROY D		1.2 NAME		
STREET ADDRESS	2205 TIPPERARY CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812		1.4 CITY-ST-ZIP		7 Character D Addition
TITLE	DST	☐ DELETE	2.1 TITLE	L	Change
NAME	CHAMPION, CONSTANCE TAY	L	2.2 NAME		
STREET ADDRESS	2205 TIPPERARY CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812		2.4 CITY+ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		,ango
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-\$T-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change
TITLE	• .	- OCELIC	4.1 TILE 4.2 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
TITLE	<u> </u>	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		Ì
STREET ADDRESS			5.3 STREET ADDRESS		ľ
CITY OF ZID			5.4 CITY-ST-ZIP		

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

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TITLE

NAME

STREET ADDRESS

SIGNATURE REQUIRED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

9-28-99 407-658-6667

Change

Addition

CR2E034 (

^{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.