

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000056698 (9)**

1. Corporation Name
ARTISTIC TEES, INC.



Principal Place of Business 1501 AVALON BLVD. CASSELBERRY FL 32707	Mailing Address 1501 AVALON BLVD. CASSELBERRY FL 32707
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 172 S Hwy 17-92 Suite, Apt. #, etc. 22 City & State 23 LONGWOOD FL Zip 24 32750		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 07/01/1996	3a. Date of Last Report
				4. FEI Number 59-339-2463	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MACEDO, GEORGE D
1501 AVALON BLVD.
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	GEORGE M MACEDO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	DIRECTOR
STREET ADDRESS		13 STREET ADDRESS	405 FAIRFAX ST
CITY-ST-ZIP		14 CITY-ST-ZIP	WINTER SPS FL 32708
TITLE	<input type="checkbox"/> DELETE	21 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	THEODORE S DICKELMAN
STREET ADDRESS		23 STREET ADDRESS	250 COLUMBUS CR
CITY-ST-ZIP		24 CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	<input type="checkbox"/> DELETE	31 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	KATHLEEN V DICKELMAN
STREET ADDRESS		33 STREET ADDRESS	250 COLUMBUS CR
CITY-ST-ZIP		34 CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	<input type="checkbox"/> DELETE	41 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	GEORGE D MACEDO
STREET ADDRESS		43 STREET ADDRESS	1501 AVALON BLVD
CITY-ST-ZIP		44 CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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.

SIGNATURE _____ 7/1/97 F31-68168

CR2E034 (4/97)