

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortenson
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P96000062249

1. Corporation Name

Artistic Concepts, Inc.

Principal Place of Business

PO Box 941990
Maitland, FL 32794-1990

Mailing Address

PO Box 941990
Maitland, FL
32794-1990

2. Principal Place of Business

21 517 Puerta Corta
Suite, Apt. #, etc.

2a. Mailing Address

25 517 Puerta Corta
Suite, Apt. #, etc.

22 City & State

23 Altamonte Springs, FL
Zip County

26 City & State

27 Altamonte Springs, FL
Zip County

24 32701

28 32701

8. Name and Address of Current Registered Agent

Collier, Julie R.
517 Puerta Corta
Altamonte Springs, FL 32701

3. Date Incorporated or Qualified

7-23-96

3a. Date of Last Report

4. FEI Number

59-3397118

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

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 607.1506, 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

Julie R. Collier

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	Collier, Julie R.	517 Puerta Corta	Altamonte Springs FL 32701	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	
7.1 TITLE	☐ Change ☐ Addition
7.2 NAME	
7.3 STREET ADDRESS	
7.4 CITY - ST - ZIP	

000002169980
-05/07/97--01093--054
***165.00

000002169980
-05/07/97--01093--054
***165.00

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

SIGNATURE REQUIRED

4-22-97

4-22-97

CR25034 (9/96)