

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 17, 1998 8:00 am
Secretary of State

DOCUMENT # P96000074091 (5)

1. Corporation Name
DESK ART, INC.

Principal Place of Business
NW 54TH ST
FL 33127

Mailing Address
741 NW 54TH ST
MIAMI FL 33127



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/03/1996

4. FEI Number
65-0692156

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent
WALDMAN & FELUREN, P.A.
ONE FINANCIAL PLAZA
SUITE 1500
FT LAUDERDALE FL 33394

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	D WYSS, THOMAS C 741 NW 54TH ST MIAMI FL 33127 <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	741 NW 54TH ST	1.2 NAME	
CITY-STATE-ZIP	MIAMI FL 33127	1.3 STREET ADDRESS	
TITLE	D HARDIKER, DAVID J 741 NW 54TH ST MIAMI FL 33127 <input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
STREET ADDRESS	741 NW 54TH ST	2.1 TITLE	PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	MIAMI FL 33127	2.2 NAME	
TITLE	D JOHNSON, BRIAN T 741 NW 54TH ST MIAMI FL 33127 <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS	741 NW 54TH ST	2.4 CITY-STATE-ZIP	
CITY-STATE-ZIP	MIAMI FL 33127	3.1 TITLE	SECRETARY, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D LOAR, STEPHEN J 741 NW 54TH ST MIAMI FL 33127 <input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	741 NW 54TH ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33127	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VICE-PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-STATE-ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		5.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-STATE-ZIP	
CITY-STATE-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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.

SIGNATURE: [Signature] 8/18/98 (305) 756-5656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/98)