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 # P96000076686

ART SUSKEVICH, INC.

Principal	Place	of Bus	iness

Mailing Address

15210 IONA LAKES DRIVE

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90101 009 ***150.00



FT. MYERS FL		FT. MYERS FL 33908			DO NOT MIDITE IN THE CO	ACE.		
					DO NOT WRITE IN THIS SP			
					3. Date Incorporated or Qualifed			
0 - 1 - 1 - 1		0			09/13/1996 4. FEI Number	T 1 A	pplied For	
	ace of Business	2a. Mailing Address				-	ot Applicable	
21 889/	STAGHORN WAY	26			65-0699195			
Suite, Apt. 1	Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required				
City & State	ر میس و	City & State			6. Election Campaign Financing	\$5.00	May Be	
23 7- K	LEVERS FL	28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intang	ible	.	
24 <i>33</i> 9	108 25 LEE	29 30)		Terdonal Traperty	Yes	No	
	9. Name and Address of Current F	Registered Agent		,	10. Name and Address of New Registered Age	ent		
			81	Name				
SUSKEVICH, ARTHUR E			82	82 Street Address (P.O. Box Number is Not Acceptable)				
15210 IONA LAKES URIVE				,				
FT. N	MYERS FL 33908		83					
			84	City	FL ^l	35 Zip	Code	
44 =	(0 5 4 007 0500	-1 CO7 4500 Flydd Statistae	the char	a namad a		naina it	s registered	
11. Pursuant i	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of	Perida. Such change was guth	orized by	the corpor	orporation submits this statement for the purpose of charation's board of directors. I hereby accept the appointment	ent as r	egistered	
agent, I ar	m familier oth, and accept the obligation	ns of, Section 607.0505, Florida	a Statutes	3.	din	109		
SIGNATURE_	les key su	Mul			7/10/			
12.	Signature, typed or printed name in registered agent a OFFICERS AND		13.	nt søgnature red	ADDITIONS/CHANGES TO OFFICERS AND E	DIRECT	ORS IN 12	
TITLE	D OFFICERS AND	DELETE	1.1 TITLE			Change		
NAME	SUSKEVICH, ARTHUR E		1.2 NAME					
STREET ADDRESS	15210 IONA LAKES DRIVE			T ADDRESS			}	
1 1	FT. LAKES FL 33908		1.4 CITY-5					
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE	,1-Zii		Change	☐ Addition	
NAME	SUSKEVICH, CURT E		2.2 NAME	}			j	
STREET ADDRESS	15210 IONA LAKES DRIVE		•	TADDRESS				
i	FT. LAKES FL 33908		2.4 CITY-	ľ		-	-	
CITY-ST-ZIP	D	☐ DELETE	3.1 TITLE	VI-231	, [Change	Addition	
NAME	SUSKEVICH, DAVID A		3.2 NAME	}				
· ·	15210 IONA LAKES DRIVE			T ADDRESS				
STREET ADDRESS	FT. LAKES FL 33908		3.4. CITY-				į	
CITY-ST-ZIP	17.001001	☐ DELETE	4.1 TITLE	υ. <u>μ</u>] Change	Addition	
NAME			4, 2 NAME					
STREET ADDRESS			ŀ	T ADDRESS			j	
CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE] Change	Addition	
NAME			5.2 NAME				ļ	
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP	1		5.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE	-] Change	Addition	
NAME			6.2 NAME	{				
STREET ADORESS	·		6.3 STREE	T ADDRESS				
CITY-ST-ZIP	·		6.4 CITY-5	ST-ZIP				

14. I hereby certify that the information supplied with this filling 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 of the receiver of 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, of on an attachment with an address, with all other like empowered.

SIGNATURE