

7-16-98 B-80520 - C  
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF S  
Bandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIO

DOCUMENT # P96000103819 (4)  
1. Corporation Name  
ARTISTIC JOURNAL, INC.

Principal Place of Business

Mailing Address

509 S ARMENIA  
TAMPA FL 33609  
US

509 S. ARMENIA AVE.  
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1996

4. FEI Number

59-3422238

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Coun

9. Name and Address of Current Registered Agent

CHAVEZ, DENISE E  
509 S. ARMENIA AVE.  
TAMPA FL 33609

10. Name and Address of New Registered Agent

Name Philip A. Savill  
Street Address (P.O. Box Number is Not Acceptable)  
509 S. Armenia Ave.  
City Tampa FL 85 Zip Code 33609

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the ab-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 Stat.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE

VP  
NAME CHAVES, DENISE E  
STREET ADDRESS 800 S WILLOW  
CITY-ST-ZIP TAMPA FL

☒ 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

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

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

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

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

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

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 T Pres. President ☒ Change ☐ Addition

1.2 N Philip A. Savill

1.3 ST ADDRESS 509 S. Armenia Ave.

1.4 CT-ZIP Tampa, FL 33609

2.1 T ☐ Change ☐ Addition

2.2 N

2.3 ST ADDRESS

2.4 CT-ZIP

3.1 T ☐ Change ☐ Addition

3.2 N

3.3 ST ADDRESS

3.4 CT-ZIP

4.1 T ☐ Change ☐ Addition

4.2 N

4.3 ST ADDRESS

4.4 CT-ZIP

5.1 T ☐ Change ☐ Addition

5.2 N

5.3 ST ADDRESS

5.4 CT-ZIP

6.1 T ☐ Change ☐ Addition

6.2 N

6.3 ST ADDRESS

6.4 CT-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exempt 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 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 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

7/16/98 (812) 879-8092

CR2E034 (5/98)

FILED  
Jul 16 1998 8:00am  
Secretary of State

