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 # P96000104448 1. Corporation Name

ARTPOL SERVICE, INC.

Principal	Place	of	Business

Mailing Address

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90148 017 ***150.00



P.O. BOX 6162 KEY WEST FL (06162		D. BOX 610 Y WEST F						DO NOT WR 3. Date Incorporated or Qualifed 12/26/1996		S SPACE		
2. Principal Pi	lace of Business	2a. Mailing Address						4. FEI Number		Ļ		lied For	
21		26	~			_			65-0668314		60		Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certifcate of Status Desired		,	e Rec	dditional quired	
City & State	ē -	28	City & S	City & State					Election Campaign Financing Trust Fund Contribution		• -	_	May Be Fees
Zip 24	Country 25	29	Zip Country					8. This corporation owes the current year Intangible Personal Property Tax.					
	9. Name and Address of Curre	nt Regis	stered Ag	ent				1	D. Name and Address of New	Registered	Agent		
);	81	Name						-
1742	LUCZKOWIEC, ARTHUR 17426 JAMAICA LANE						Street A	ddress	(P.O. Box Number is Not Accep	table)			
SUG	arloaf fl 33042				1	B3							
						84	City			FI	85	Zip C	ode
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with and accept the obligi	of Floridations of	oa. Such of, Section 6	nange was auti	norizea la Statut	tes.	ne corpor	anon s	doard of directors. Thereby acce	e purpose of the appoint of the appo	AIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	as ieg	registered listered
	Algnature, typed or printed name of registered age OFFICERS Al			(NOTE: R	13.	gent	signature req	Direct Wite	ADDITIONS/CHANGES TO O		<u> </u>		RS IN 12
12.	P	VO DING		DELETE	1.1 TITL	 F			ADDITIONS/CHANGES TO C	TIOENO	☐ Ch		Addition
NAME	LUCZKOWIEC, ARTHUR		`		1.2 NAM		1				-	-	_
STREET ADDRESS	17426 JAMAICA LANE						ADDRESS			•			ľ
CITY-ST-ZIP	SUGARLOAF FL 33042				1.4 CIT		ļ						ŀ
TITLE	00001120111 12 00012			DELETE	2.1 TITL						Ch	ange	Addition
NAME					2.2 NAA	Æ)						ļ
STREET ADDRESS					2.3 STR	EET.	ADDRESS						
CITY-ST-ZIP					2.4 CIT	Y-ST	r-ZIP					_	
TITLE				DELETE	3.1 TITL	_					☐ Ch	ange	☐ Addition
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CITY-ST-ZIP					3.4. CIT	Y-ST	-ZIP						
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NAME					4. 2 NA	ME	-						
STREET ADDRESS					4.3 STR	EET.	ADDRESS (1
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CITY-ST-ZIP					5.4 CIT		-ZiP						
TITLE		-	1	DELETE	6.1 1111		-				Ch	ange	Addition
NAME	}				6.2 NAA		-						}
STREET ADDRESS					6.3 STR	EET	ADDRESS)						}
													1

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, with all other like empowered.

SIGNATURE:

DRTHURKLO

305/295-672