

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90021 008 ***150.00

DOCUMENT # P97000064865

1. Corporation Name

HOMESTEAD ART CENTER, INC.

Principal Place of Business

4675 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES FL 33146

Mailing Address

4675 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1997

4. FEI Number

65-0773648

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 37 N.W. First St

2a. Mailing Address

26 37 N.W. First St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Homestead, FL

City & State

28 Homestead FL

Zip

24 33030

Country

25 DADE

Zip

29 33030

Country

30 DADE

9. Name and Address of Current Registered Agent

STINSON, LOUIS JR
4675 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
KAREN A. DAUGHERTY
82 Street Address (P.O. Box Number is Not Acceptable)
37 N.W. First Street
83
84 City
Homestead FL 85 Zip Code
33030

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 *Karen A. Daugherty*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 02/23/99

12. OFFICERS AND DIRECTORS

TITLE DPAS
NAME DAUGHERTY, KAREN A.
STREET ADDRESS 4675 PONCE DE LEON BLVD STE 305
CITY-ST-ZIP CORAL GABLES FL 33146

☒ DELETE

TITLE S
NAME STINSON, LOUIS JR.
STREET ADDRESS 4675 PONCE DE LEON BLVD #305
CITY-ST-ZIP CORAL GABLES FL 33146

☒ 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 TITLE DPAS
1.2 NAME DAUGHERTY, KAREN A.
1.3 STREET ADDRESS 37 N.W. First Street
1.4 CITY-ST-ZIP Homestead, FL 33030

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 *Karen A. Daugherty*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/99 305 248 060
Date Daytime Phone #

CR2E034 (1/98)