03-10-1999 90124 025 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

21



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P97000066581
4. Corporation Name	1 01 00000001

ARTISTIC IMPRESSIONS INTERNATIONAL, INC.

Principal Place of Business	Mailing
2636 BAYSHORE BLVD.	2636 B/
Duendin Fl. 34698	DUENDI

Address AYSHORE BLVD. IN FL 34698

2a. Mailing Address

26

|--|

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/30/1997 4. FEI Number

59-3469339

Suite, Apt. #				5. Certificate of Status Desired Fee Required						
City & State		27 City & State		6. Election Campaign Financing		\$5.00	<u> </u>			
23		28		Trust-Fund-Contribution						
Zip	Country	Zip Country			8. This corporation owes the curr	ent year Int	angible			
24	25	29 30			Personal Property Tax.		Yes	□No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	tegistered	Agent			
	-11-11-1		81	Name				-		
KRUCINA, FAITH K			82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)				
	2636 BAYSHORE BLVD. Duendin Fl 34698		Supply (Supply							
DUE			83							
			84	City	120,775		85 Zip (Code		
				•		FL	.			
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			signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE	ID DIRECTO	DS IN 12		
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition		
TITLE	PSTD COMMA CAPTURE	C) DECETE	1.2 NAME	-				_		
NAME	KRUCINA, FAITH K									
STREET ADDRESS	1609 SUMMIT WAY		1.3 STREET							
CITY-ST-ZIP	DUENDIN FL 34698	☐ DELETE	1.4 CITY-ST 2.1 TITLE	-ZIP			Change	Addition		
TITLE										
NAME			2.2 NAME					ļ		
STREET ADDRESS			2.3 STREET							
CITY-ST-ZIP		☐ DELETE	2.4 CITY-S 3.1 TITLE	I-ZIP			Change	Addition		
TITLE			3.1 IIILE				L 0	_		
NAME !			3.3 STREET	ADDDEED						
STREET ADDRESS								İ		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-S	1-ZIP	<u></u>		Change	Addition		
NAME			4.2 NAME				_ •	_		
STREET ADDRESS			4.3 STREET	ADDRESS						
)			4.4 CITY-ST							
CITY-ST-ZIP	□ DELETE			-217			Change	☐ Addition		
NAME			5.1 TITLE 5.2 NAME				_ `			
			5.3 STREET	ADDRESS				-		
STREET ADDRESS			5.4 CITY-ST					{		
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE				Change	☐ Addition		
NAME		<u> </u>	6.2 NAME				= -			
}			6.3 STREET	ADDRESS				1		
STREET ADDRESS			6.4 CITY-ST							
CITY-ST-ZIP			0.4 CITT-31	-2.11	C. 440 07/03/2 Florido Otobres		diff. dhad dha i			

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 review 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: