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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION " Sandra B. Mortham ANNUAL REPORT Secretary of State **19**98 DIVISION OF CORPORATIONS 98 JUN -5 (1) 1:34 DOCUMENT # ARTISTIC IMPORTS. INC. P. O. BOX 15363 PANAMA CITY, FL 32406 Principal Place of Business Mailing Address 1720 W 15TH STREET PANAMA CITY, FL 32405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 9-2-97 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59 3466335 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 24 25 29 p, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 JOHN D HAVRANEK, SR Street Address (P.O. Box Number is Not Acceptable) 124 PALM BAY BLVD 83 PANAMA CITY BEACH, FL 32408 84 City Zip Code 85 11. Pursuant to the provisions of Sections (47.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of him in the state of fiterida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I are tamplar with and person the obligations of, Section 607.0505, Florida Statutes. JOHN D. HAVRANEK, SR SIGNATURE me of togest resinations and blied upplica (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DFLETE Change Addition TITLE PRESIDENT /DIRECTOR 1.1 TITLE 900002557599-- 5 -06/11/38--01123--031 1.2 NAME NAME JOHN D. HAVRANEK, SR STREET ADDRESS 1.3 STREET ADDRESS 24 PAIM BAY BLVD ANAMA CITY BEACH, FL TREASURER / DIRECTOR ****150.00 ****150.00 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE DELETE 21 TITLE BARBARA HAVRANEK NAME 2.2 NAME STREET ADDRESS 124 PALM BAY BLVD 2 3 STREET ADDRESS PANAMA CITY BEACH, FL 32408 City-St-7IP 2 4 CITY - S1 - ZIP DELETE 3.1 TITLE Addition TITLE VICE PRESIDENT/DIRECTOR NAME 3.2 NAME THOMAS CRAZE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP SUNNY HILLS, FL 32428 DELETE 4.1 TITLE ☐ Addition TITLE DIRECTOR NAME 4. 2 NAME JOYCE L. CRAZE 4.3 STREET ADDRESS STREET ADDRESS 1274 BIRWPSP FT 32428 4.4 CHY-ST-ZIP CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change ■ Addition SECRETARY/DIRECTOR NAME 5.2 NAME CAROLYN K. HAVRANEK STREET ADDRESS 5.3 STREET ADDRESS 2415 NICOLE DR CITY-ST-ZIP 5.4 CITY-ST-ZIP PANAMA CITY, FL 32405 DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-2IP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes, I further certify that the information indicated on this annual report or supplicated annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation by 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 or an all achinent withyan address.



ARTISTIC IMPORTS, INC.

1720 WEST 15TH STREET PANAMA CITY, FL 32405 850-913-0630



4-28-98

FLORIDA DEPARTMENT OF STATE

Please find enclosed our check number 1145 in the amount of 4,5000 for our annual filing fee. We did not receive a annual report packet.

Our federal ID # is 39-3446335.

Shank you Saveanel

enclaeure: 1









