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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000104699 (8)

OBJECTS OF ART-HOLIDAY DESIGN STUDIO, INC.

Principal Place of Business

Mailing Address

ACON C. MIDWILLANI DD. #201

FILED May 12 1998 8:00am Secretary of State



4630 8. KIRKMAN HU., #231 ORLANDO FL 32811-2802		ORLANDO FL 32811-2802				DO NOT HIGHT IN THE SPACE
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
						12/11/1997
2. Principal Place of	Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				59- 3484020 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	 1	intry		8. This corporation owes or has paid the current year Intangible
24	25	29	30	r		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	Name and Address of Curr	ent Hegistered Agent		B1	Name	10. Name and Address of New Aegistered Agent
ROBERTSON, BELINDA A				"	Name	
4630 S . I			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32811-2802				B3		
				63		
				84	City	85 Zip Code
						FL 12 24 0000
office or register.	ad agont or both, in the Sta	de of Ekvirla. Such chance was	s authorize	d by	the corporal	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent I am fami	liar with, and accept the obl	ligations of, Section 607.0505, F	Iorida Sta	lutes	i.	active books of the colorest transfer to the colorest transfer transf
SIGNATURE						
Signature	e, typed or printed name of registered.			d Age	nt signature requir	ed when reinstating) DATE
12.	OFFICERS A	NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio
TITLE D	MENTARN DELMINA	☐ DELETE	1.1 TI			
ROBERTSON, BELINDA A			1.2 N		K	obertson, Belinda A
STREET ADDRESS 4630 S. KIRKMAN RD., #231			1.3 \$	1.3 STREET ADDRESS		630 S. Kirkmen Rd. #231
0:17 01 E.I.	LANDO FL 32811-2802			IIY-SI	T-ZIP 💍	elando. Fl. 32811-2802
TITLE		☐ DELETE		2.1 TOLE		☐ Change ☐ Additio
NAME			2.2 N			
STREET ADDRESS			2.3 S	2.3 STREET ADORESS		
CITY-ST-ZIP	D. DELETE			2. 4 CITY - ST - ZIP		N. /
TITLE				3 1 TITLE		L. Change L. Additio
NAME			3.2 NAME			
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CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE	DELETE		4.1 11	4.1 TITLE		Change Additio
NAME			4. 2 h	IAME		
STREET ADDRESS			4.3 \$	TREFT	ADDRESS	
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NAME			5.2 N	AME		
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CITY-ST-ZIP			ITY-S	T-ZIP		
TITLE	 .	☐ DELETE	6.1 T	TLE		Change Additio
NAME			6.2 N	AME		
STREET ADDRESS				6 3 STREET ADDRESS		
CITY-ST-ZIP			64 CHY-			
14. I hereby certify t	hat the information supplied	with this filing does not qualify	for the ex	empt	tion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information re shall have the same legal effect as if made under oath; that I am an
officer or director	or of the corporation or the re	niar annual report is tr ue and a eceiver or trustee emp owered t flachment with an addr es s.	o execute	this r	report as requ	uired by Chapter 607, Florida Statutes; and that my name appears in