

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000031691 1. Corporation Name

ARTECHO, INC.

## Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90108 015 \*\*\*150.00

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Principal Place of Business Mailing Ad	dress			4 (1861188) (48 réces ratio antit agitt agitt agitt agitt	912 <b>4</b> 94 130	/= E(//# (	p. p. 11 pr 14 gf
3107 N.E. 40 CT. 3107 N.E. 40 CT. FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308				DO NOT WRITE IN THIS	SPAC	Æ	
				3. Date Incorporated or Qualified			
		_		04/06/1998		<del></del> _	
2. Principal Place of Business 2s. Mailing	Address			4. FEI Number	- 1		Anallanhia
26				45-0830976			Applicable
_ 0010, 140 11, 010.	Apt. #, etc.			5. Certificate of Status Desired		ee Red	dditional outred
2  27	State		<del></del>	Single Section		5.00	
City & State City &	State			B.: Election Campaign Financing Trust Fund Contribution		dded to	
28		ountry		A. This corporation owes the current year in			
	30	oundy		Personal Property Tax.		38	ΩNο
4 25 29 29 9. Name and Address of Current Registered A				10. Name and Address of New Registered	Agent	1	
9. Name and routess of Current registeres a	B41.1	81	Name				
Magnuson, angie				(D.C. D. M. L. in Mot Associable)			
3107 N.E. 40 CT. FT. LAUDERDALE FL 33308		82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
		83					
					1.2		- 4-
		84	City	F1	85	Zip C	008
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508 office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section SIGNATURE</li> </ol>	n 607.0505, Florida St	tatutes.	ins corporatio	in s board of differences. Thoroby beautiful differences	intmen	las reg	istered
Signature, typed or printed name of registered agent and title if applicable	<del> </del>		t argneture requirer	d when reinstating) DATE			20 10 40
12. OFFICERS AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICERS A	HID ON	RECTOR	Addition
TILE PRESIDENT		ITTLE			٥	I NEW YORK	
ANGIE MAGNUSON		NAME					
STREET ADDRESS 3107 NE 40 CT	/ 1.3	1 STREET	ADDRESS				
GTY-ST-ZP FT. LANDERDALE FI.	12766						
ME IVICE-PRESIDENT	3308 14	CITY-S			<u> </u>	hanne	☐ Addition
		COTY-51			Gc	hange	Addition
	21 22	COTY-S] ITITLE ENAME	-ZIP		C	hange	Addition
more control a 107 NE 40CT	フ 22 23	COTY-ST I TITLE 2 NAME 3 STREET	ADDRESS		СC	hange	Addition
omer concerts IDT NE 40CT	33308	COTY-ST TITLE NAME STREET 4 CITY-S	ADDRESS				
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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 cath; 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.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

52 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

☐ DELETE

☐ DELETE

Addition

Addition

Change

☐ Change