

06/10/1999

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CCRS - 14076509961

NO. 372

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

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Morris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN 16 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA8000043655**

1. Corporation Name

ARTIMOVICH AND SONS STONE, INC.

Principal Place of Business

Mailing Address

13524 CORKWOOD LANE
ASTATULA FLA. 34705

DO NOT WRITE IN THIS SPACE

2. Date incorporated or Qualified

3-14-98

3. Principal Place of Business

2a. Mailing Address

21. 4102 L.B. MCIDUD RD.

25. SAME

Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

22. Unit B

28. City & State

23. ORLANDO FL.

29. City & State

24. 32211 Country

26. Zip

Country

25. U.S.A.

30. Zip

Country

JOHN M. ARTIMOVICH SR.
13524 CORKWOOD LANE ASTATULA
FL. 34705

9. Name and Address of Current Registered Agent

JOHN M. ARTIMOVICH SR.
13524 CORKWOOD LANE ASTATULA
FL. 34705

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0592 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-ST-ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY-ST-ZIP

1.33 TITLE

1.34 NAME

1.35 STREET ADDRESS

1.36 CITY-ST-ZIP

1.37 TITLE

1.38 NAME

1.39 STREET ADDRESS

1.40 CITY-ST-ZIP

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 prepare 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 names empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/99

352343-7908

Date

Define Name

CR2E034 (1/98)

ARTIMOVICH & SONS STONE

4102 LB McLeod Rd. • Orlando, FL 32811 • Ph: 407.650.9905 FAX: 407.650.9961

②

Suite
B

6/14/99

To: Department of State
From: Artimovich & Sons Stone, Inc.

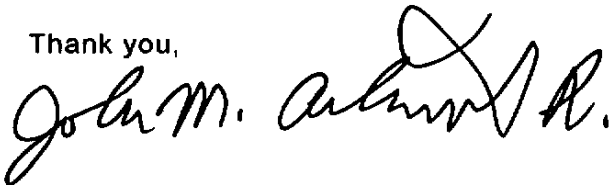
Re: Re-filing of the annual report.

Dear Sirs,

This letter is in regards to our 1998 corporation re-filing of the annual report. Artimovich & Sons Stone, Inc., was incorporated in May of 1998. This is our first time incorporating. Neither our attorney, or accountant, informed us of the procedure of re-filing every year. We are requesting that, if at all possible, you can waive the re-filing late fee, due to the fact that we also did not receive a notice from your department stating we owed a fee.

We greatly appreciate any assistance you can offer.

Thank you,



John M. Artimovich Sr.
Artimovich & Sons Stone, Inc.