

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

03-02-1999 90180 048 \*\*\*150.00

0106087

DOCUMENT # P98000064812

1. Corporation Name

BROADWAY ART INCORPORATED

Principal Place of Business  
12550 CASLTEMMAIN TRAIL  
ORLANDO FL 32828

Mailing Address  
12550 CASLTEMMAIN TRAIL  
ORLANDO FL 32828

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1998

4. FEI Number

59-3522565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.  
2843 THAXTON DR. #37  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*Peter Crane*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                              | <input type="checkbox"/> DELETE |
|----------------------------|------------------------------|---------------------------------|
| TITLE                      | P                            |                                 |
| NAME                       | CRANE, PETER M               |                                 |
| STREET ADDRESS             | 12550 CASLTEMMAIN TRAIL      |                                 |
| CITY-ST-ZIP                | ORLANDO FL 32828             |                                 |
| TITLE                      | VP                           |                                 |
| NAME                       | ABBY Jacobson                |                                 |
| STREET ADDRESS             | 12550 Casltemmain Trl        |                                 |
| CITY-ST-ZIP                | Orlando, FL 32828            |                                 |
| TITLE                      | Harriet Jacobson - Secretary |                                 |
| NAME                       | 7310 W 101 Terrace           |                                 |
| STREET ADDRESS             | Overland Park KS 66212       |                                 |
| CITY-ST-ZIP                |                              |                                 |
| TITLE                      |                              |                                 |
| NAME                       |                              |                                 |
| STREET ADDRESS             |                              |                                 |
| CITY-ST-ZIP                |                              |                                 |
| TITLE                      |                              |                                 |
| NAME                       |                              |                                 |
| STREET ADDRESS             |                              |                                 |
| CITY-ST-ZIP                |                              |                                 |
| TITLE                      |                              |                                 |
| NAME                       |                              |                                 |
| STREET ADDRESS             |                              |                                 |
| CITY-ST-ZIP                |                              |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|--|---|
| 1.1 TITLE   |  |   |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY-ST-ZIP                                       |  |   |
| 2.1 TITLE   |  |   |
| 2.2 NAME  |  |   |
| 2.3 STREET ADDRESS                                    |  |   |
| 2.4 CITY-ST-ZIP                                       |  |   |
| 3.1 TITLE   |  |   |
| 3.2 NAME  |  |   |
| 3.3 STREET ADDRESS                                    |  |   |
| 3.4 CITY-ST-ZIP                                       |  |   |
| 4.1 TITLE   |  |   |
| 4.2 NAME  |  |   |
| 4.3 STREET ADDRESS                                    |  |   |
| 4.4 CITY-ST-ZIP                                       |  |   |
| 5.1 TITLE   |  |   |
| 5.2 NAME  |  |   |
| 5.3 STREET ADDRESS                                    |  |   |
| 5.4 CITY-ST-ZIP                                       |  |   |
| 6.1 TITLE   |  |   |
| 6.2 NAME  |  |   |
| 6.3 STREET ADDRESS                                    |  |   |
| 6.4 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 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:

*Peter Crane* Peter Crane  
Signature and typed or printed name of signing officer or director

1/24/99  
Date

407-658-8264  
Daytime Phone #

CR2E034 (11/98)