PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90110 050 ***150.00

DOCUMENT # P980000 1. Corporation Name ART IMAGES, INC.	087450			
Principal Place of Business	Mailing Address		J (#5)1891 ([# ;8(81 !9)11 #3111 #4111 #4111	ים הו היכתו היונק ומפים בנקטן (1815)
4301 OAK CIRCLE #11	4301 OAK CIRCLE #11			
BOCA RATON FL 33431 BOCA RATON FL 33431			DO NOT IMPORT IN THE	o ona CE
			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
			10/12/1998	,
	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place of Business	26. Walling 7 Guless			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired	\$8.75 Additional
22	27		5, Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
ZipCountry	Zip	Country	8. This corporation owes the current year in	itangible SEPA
24 25		30	Personal Property Tax. 10. Name and Address of New Registered	
9. Name and Address of Current	Registered Agent	81 Name	10. Wante and Audiess of New Augistation	
SIGNSATIONS, INC.				
4301 OAK CIRCLE #11			ess (P.O. Box Number is Not Acceptable)	ţ
BOCA RATON FL 33431		83		
		84 City	FI	85 Zip Code
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation.	and 607.1508, Florida Statutes Florida. Such change was aut ons of, Section 607.0505, Florida	s, the above-named corp horized by the corporation da Statutes.	oration submits this statement for the purpose on on's board of directors. I hereby accept the appo	f changing its registered introduced interest as registered
SIGNATURE	OD TO	Registered Agent signature require	d when reinstation) DATE	
Signature, typed or printed name of registered agent 12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTORS IN 12
TITLE 7			 	☐ Change ☐ Addition —
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	DELETE	1.1 TITLE 1.2 NAME	•	
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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 AND TYPES OR PRINTED HAMP OF SIGNING OFFICER OR DIRECTOR

2/14/99

(561)347-0106