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**

DOCUMENT # P98000101635

ART OF TIME, INC.

Principal Place of Business

127 S. DIXIE HWY. LAKE WORTH FL 33460 Mailing Address

127 \$. DIXIE HWY. LAKE WORTH FL 33460

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90004 016 ***150.00



DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualifed	Ì
0 D:	lana of Duniana	1 2-	Mailing Address				12/02/1998 4. FEI Number Applied For	-
2. Principal P	lace of Business		. Mailing Address				15-0880696 Not Applicab	ما
Suite, Apt.	# atc	26	Suite, Apt. #, etc.				\$8.75 Additional	=
Guile, Apt.	m, 610.	27	outo, ripit ii, oto.	~	ئ ىلىنىنى دىن	است درسوسی	5. Certificate of Status Desired Fee Required	-
City & Stat	8	21	City & State				6. Election Campaign Financing S5.00 May Be	_
28							Trust Fund Contribution Added to Fees	ł
Zip	Country		Zip	Zip Country			8. This corporation owes the current year Intangible	
24	25 29 3			30			Personal Property Tax. Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81	Name		•	
JAVID, BIJAN					82 Street Address (P.O. Box Number is Not Acceptable)			
127 S. DIXIE HWY.					62 Street Address (F.O. Box Number is Not Acceptable)			
LAKE	WORTH FL 33460			83				
					011		85 Zip Code	
				84	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502 a	and 6	607.1508, Florida Statutes, th	ne above	named	corpor	ration submits this statement for the purpose of changing its registered	\sqcap
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligatio	Flori	da. Such change was author	ized by	the corp	oration	s board of directors. I hereby accept the appointment as registered	
_	iiii tariiiiai wiiii, arid accept tile obligatio	113 0	, Geodon Cor. Cooc, Florida C	Jiu iu io o			· · · · · · · · · · · · · · · · · · ·	ł
SIGNATURE	Signature, typed or printed name of registered agent as	nd title	if applicable. (NOTE: Regis	tered Agen	t signature	required w	when reinstating) DATE	
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		☐ DELETE	I.1 TITLE			☐ Change ☐ Addit	ion
NAME	JAVID, BIJAN		1	I.2 NAME				
	127 S. DIXIE HWY.			I.3 STREET	ADDRESS		,	- [
	LAKE WORTH FL 33460			1.4 CITY-S1	-ZIP		<u> </u>	
TITLE			☐ DELETE :	2.1 TITLE		P	☐ Change ☐ Addit	ion
NAME				2.2 NAME		30	ohn Renc	
STREET ADDRESS				2.3 STREET	ADDRESS	P.	ohn Renc O. Box 6132 Ke Worth FL 33466	
CITY-ST-ZIP		•		2.4 CITY-S	T-ZIP	La	Ke Worth FL 33466	
TITLE			☐ DELETE	3.1 TITLE			☐ Change ☐ Addit	ion
NAME]:	3.2 NAME				
STREET ADDRESS			. 1:	3.3 STREET	ADDRESS			
CITY-ST-ZIP			_	3.4. CITY-S	T-ZIP			
TITLE			DELETE 4	4,1 TITLE			☐ Change ☐ Addit	ion
NAME				1, 2 NAME				1
STREET ADORESS				1.3 STREET	ADDRESS			
CITY-ST-ZIP			I.	1.4 CITY-S1	-ZIP	<u></u>		
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addit	noi
NAME				5.2 NAME				1
STREET ADDRESS				5.3 STREET	ADDRESS			- 1
CITY-ST-ZIP				5.4 CITY-ST	-ZIP			\Box
TITLE			☐ DELETE	6.1 TITLE			☐ Change ☐ Addit	ion
NAME PART	PROBLEM MAN			5.2 NAME		1		
STREET ADDRESS	francisco de la companya de la comp		[(6.3 STREET	ADDRESS	-		- {
CITY-ST-ZIP	3.		•	5.4 CITY-ST	-ZIP			- 1
14 I hereby	certify that the information supplied with	this 1				d in Se	action 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.