

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 OCT -9 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # S04159 (7)
1. Corporation Name
THE ARTISTIC HAND, INC.

Principal Place of Business 353 N CENTRAL AVE OVIEDO FL 32765	Mailing Address 353 N CENTRAL AVE OVIEDO FL 32765
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/17/1990	4. FEI Number 59-3036381	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**WALKER-SEAMAN, BARBARA
353 N CENTRAL AVE
OVIEDO, FL 32765**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Barbara Walker-Seaman* DATE **9/30/1998**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBARA WALKER-SEAMAN 353 N. CENTRAL AVE. OVIEDO FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	7000026631066-015 -10/14/98--01065-015 ***150.00 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE *Barbara Walker-Seaman* (BARBARA WALKER-SEAMAN) 9/30/98 407-365-7812

CR2E034 (5/98)

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The Artistic Hand Inc.

A UNIQUE ART & GIFT GALLERY

353 NORTH CENTRAL AVENUE
OVIEDO, FLORIDA 32765
(407) 366-7882

October 2, 1998

Dear Corporate Committee,

I spoke to someone in your office last week and explained a bit about our hard circumstances. He suggested I write a letter of explanation and submit my dues, no guarantees.

We are a small corporation of myself, my husband and one employee. This past year has been extremely hard to keep our business going. I became very ill with complications from diabetes and my husband is undergoing colon pre-surgery treatments. Within two weeks of each other both of our fathers suffered a stroke. Both were on life support until, at their written instructions, we elected to let them die. My dad used to help with all our legal and financial reports. Trying to catch up and learn what we have to do has been overwhelming.

I don't believe I ever saw the first request to file our report by May and by the time I saw the second request it was \$550 and we did not have the money. We want very much to keep the corporation in existence and I will, forevermore,

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The Artistic Hand Inc.

A UNIQUE ART & GIFT GALLERY

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OVIEDO, FLORIDA 32765
(407) 366-7882

be very aware of when our corporate report
and fees are due.

If you could please accept my check
for \$150 to pay our dues and consider that
we've had a great deal of hardship, we will
never beg for an exception again.

Respectfully,

Barbara J. Walber-Seaman
President, Artistic Hand Inc