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Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S32284** (9)

1. Corporation Name
ARTISTIC TREASURES, INC.



Principal Place of Business

**280 SO SR 434
STE 1048
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**280 SO SR 434
STE 1048
ALTAMONTE SPRINGS FL 32714-3859
US**

3. Date Incorporated or Qualified
02/15/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

4. FEI Number

59-3053255

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CHEFFER, MICHELLE D.
118 LEA AVE
LONGWOOD FL 32750**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **CHEFFER, MICHELLE D.**
STREET ADDRESS **118 LEA AVE.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE
NAME **CHEFFER, MYRNA A.**
STREET ADDRESS **118 LEA AVE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS **5900 NOLAN Rd.**
14 CITY-ST-ZIP **Sanford, FL 32773**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP ☐ Change ☐ Addition
31 TITLE
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP ☐ Change ☐ Addition
41 TITLE
42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP ☐ Change ☐ Addition
51 TITLE
52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP ☐ Change ☐ Addition
61 TITLE
62 NAME
63 STREET ADDRESS

64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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: *Michelle D. Cheffer* *Michelle D. Cheffer* **2/19/97** **(407) 862-6668**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)