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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortjiam N Secretary of State '

DIVISION OF CORPORATIONS

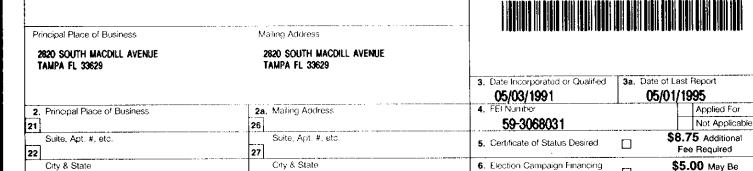
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(1)

ARTSIPHARTSI, INC.



Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Ζıp 29 Florida Statutes ☐ Yes ☐ No 25 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) SMITH, CARMEN M. 82 3301 BAYSHORE BLVD. 83 #1501 1 TAMPA FL 33629 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and £07.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

SIGNATURE Signal are types to printed carrier of mig. Accord agrical and the string blade (PME Registered Agrical Signature registered when remaining) DATE DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELET	E 1 1 TITLE	Change Addition
NAME	* SMITH, CARMEN M.	1.2 NAME	
STREET ADDRESS	3301 BAYSHORE BLVD.	1.3 STREET ADDRESS	
CITY - \$1 - 2IP	TAMPA FL	1.4 C/TY - ST - ZIF	
TITLE	DELET	E 2.17:11.F	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY - ST - ZIP	
TITLE	☐ DELET	E 3 VIDLE	Change Addition
NAME		3 2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
C-TY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE	☐ DELET	E 4.1 TITLE	Change Addition
NAME		4.2 NAME	200001201052
STREET ADDRESS		4.3 STREET ADDRESS	200001791852 -04/24/9601008014
CITY-ST-ZIP		4.4 CITY - S1 - ZIF	<u>****200 00 </u>
TITLE	DELFT	E 5 1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	DELET	E 6 1 THE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 3 if changed, or on an attacoment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Carmen M Smith, President

CR2E034 (12/95)

Applied For

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