FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

(1)

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 SEP 12 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 584866

1. Corporation Name
ARTISTIC COLORS, INC

Principal Place of Business
820 NE 6TH STREET
DELRAY BEACH, FL 33483

Mailing Address
820 NE 6TH ST
Delray Bch. FL
33483

3. Date Incorporated or Qualified: 10-3-91
3a. Date of Last Report:

2. Principal Place of Business
21: 948 CLINT MOORE RD
Suite, Apt. #, etc. 22:
City & State 23: BOCA RATON FL
Zip 24: 33487
Country 25: PALM BEACH

2a. Mailing Address
26: 820 NE 6TH ST
Suite, Apt. #, etc. 27:
City & State 28: Delray Bch. FL
Zip 29: 33483
Country 30: Palm Bch.

4. FEI Number: 65-0294111 ☐ 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

ELIZABETH HOPKINS
820 NE 6TH STREET
DELRAY BEACH, FL 33483

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number Is Not Acceptable)
03
04 City FL 05 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, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES, VP, DIR ELIZABETH HOPKINS 820 NE 6TH STREET DELRAY BEACH FL 33483 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	900002296199 B -09/17/97--01103--022 ****165.00 ****165.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: x Elizabeth Hopkins Elizabeth Hopkins 9/10/97 561-272-3287
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTIVE OFFICER OR INSPECTOR — Date — Daytime Phone #