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JACKSONVILLE US	E FL 32205	JACKSONVILLE FL 32205 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed	
2. Principal i	ve 1/3/99 Place of Business	2a. Mailing Address Al	41.199	10/31/1991 4. FEI Number	Applied For
Suite Ant	SOXFORD AVE	26 113 Con	Stor DAIC	59-3092700	Not Applicable 5 Additional
22 Z	トフ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	City & State	<u> </u>	5. Certificate of Status Desired Fee	Required
23 July	KSONVILLE, FC	20 PONTE 1/8d	ra, FC		00 May Be ed to Fees
24 322	-10 25 US	29 5 320	County ()S	8. This corporation owes the current year Intangible Personal Property Tax.	□No }
	9. Name and Address of Current F	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
	MERO-DUNSFORD, MICHELLE DI ST. JOHNS AVENUE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SUIT	TE 11-E		83		339-
JAC	KSONVILLE FL 32205		84 City		1024U2U P ### *150,0
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes Florida, Such change was aut	, the above-named corp	oration submits this statement for the purpose of changing on's board of directors. I heraby accept the appointment as	its registered
agent. I a	orn familiar with, and accept the obligation	ns of, Section 603.0505, Floor	la Statutes.	11/2/0	G
12.	Bignetire, byped or printed name of registered agent & OFFICERS AND		egiştir ad Agent sigrature required	(when Rehebring)	// _
					TORS IN 12
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July 9, 1999

Florida Department of State Ms. Pat Bailey, Accountant 1 Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Dear Ms. Bailey:

RE: American Meeting Consultants, Inc. Debit Memo # 93199-N Document # S91028

Per our conversation on July 8, 1999, I went to Nations Bank and obtained a letter stating that there was an encoding error on my business check which resulted in a returned check. (See enclosed) This is a check issuance error/bank error and not our error. I am enclosing another check with the correct business account number.

As I previously stated, we never received any letter advising me of the returned check. You stated your office sent a letter to me on April 15, 1999 to an address we did not move into until June 3, 1999. In addition, upon reviewing all my bank statements there was no mention of a returned check either. For these reasons, I feel our corporation needs to be re-instated at no cost immediately.

Please call me to confirm that our corporation has been re-instated and provide me with the necessary paperwork and certificates to show the re-instatement.

Sincerely,

Michelle Dungford

Michelle Dunsford, CMP

President

NationsBank, N.A. PONTE VEDRA PONTE VEDRA BEACH 631 SR A1A PONTE VEDRA BEACH, FL 32082 Tel 904-285-1819

July 8, 1999

Florida Department of State Tallahassee, Florida 32314

Dear Pat Bailey:

Re: American Metting and Management Inc.

Debit Memo #: 93199-N Document #: \$91028

Per our conversation, the above stated NationsBank account experienced an encoding problem 1/99, therefore causing a check issued to the state to be returned due to encoding problem. This is a check issuance error/bank error, not a customer error.

We apologize for any inconvenience this may have caused you. If you have further questions, please feel free to contact me.

Sincerely,

VP/BANKING CENTER MANAGER

Member FDIC.

Credit subject to credit approval.

Equal Housing Lender

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS



1. Corporation Name P93000013425										99 AUG -4 PM 2:54			
ACCLAIM ARTISANS & DESIGN, INC.													
Principal Place of Business Ma					Mail	ing Address					- 1 10031004 110 10000 11311 50114 8011 9018 9010 31000 11417 91010 31001 911 1001		
1834 OLD DIXIE HWY 1834 OLD DIXIE HWY													
VERO BEACH FL 32960 VER			VERO BEACH FL 32960					DO NOT WRITE IN THIS SPACE					
00				`							3. Date Incorporated or Qualified		
									02/12/1993				
2. Principal Place of Business 2a. Mailing Address				Mailing Address					4. FEI Number Applied For				
21				20	26					65-0395270 Not Applicable			
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State				2	City & State								
23			21	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip								Country	 /		8. This corporation owes the current year		
24		25		29	29 30					Intangible Personal Property. Yes No			
	9. Name	and	Address of Cui	rent Rec	giste	red Agent			T :		10. Name and Address of New Registered Agent		
NEIM	BERGER, C	MEG	OVI G					81	'	Name			
	JASMINE L							82	1	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	BEACH F							83	+-	+	<u>5000029553356</u>		
	00010111							"			-08/10/9901024018		
								84	1	City	****150.00		
11. Pursuant	t to the provi	sions	of sections 607.0)502 and	607	.1508, Florida Statut	es, the	above	-na	med corpora	ation submits this statement for the purpose of changing its registered		
l office or	registered at	ent.	or both, in the S	tate of Fi	orida	a. Such change was section 607.0505, Fl	authori	ized by	/ th	e corporation	n's board of directors. I hereby accept the appointment as registered		
SIGNATURE													
	Signature, typed	or prin	ited name of registered					gistered A	\gen	iupar erufsngië l	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	D		OFFICERS	AND DI	KEU			1 TITLE			Change Addition		
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STREET ADDRESS					6.3 STREET ADDRESS 6.4 City-St-ZiP			b ,					
CITY-ST-ZIP	L						6.4	- CITT-S	(ACI)		440 07/2V(i) Floride Cabutes I further certify that the information		

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:

Table 199

766199 561-563-9425