

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V00672** (8)

1. Corporation Name

ARTISANS UNLIMITED INC.



Principal Place of Business

**2919 HARDY AVENUE
NEW SMYRNA BEACH FL 32168**

Mailing Address

**2919 HARDY AVENUE
NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FERRARA, CHERYL D.
2919 HARDY AVENUE
NEW SMYRNA BEACH FL 32168**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/16/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3097620

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature typed or printed name of registered agent (Signature required for all corporations)

Signature typed or printed name of new registered agent (Signature required for all corporations)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVST	☐ DELETE
NAME	FERRARA, CHERYL	
STREET ADDRESS	2919 HARDY AVE	
CITY - ST - ZIP	NEW SMYRNA BCH 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		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 or person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl Ferrara

4/29/96 904-427-3482
Custodian of Records

CR2E034 (12/95)