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May 14 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 # V02053

(9)

1. Corporation Name

ARTISTIC DESIGN STUDIOS, INC.



Principal Place of Business

Mailing Address

2001 NW 32 ST
BAY 8
POMPANO BEACH FL 33064
US

2001 NW 32 ST
BAY 8
POMPANO BEACH FL 33064-1305
US

3. Date Incorporated or Qualified
12/18/1991

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

2. Principal Place of Business

2a. Mailing Address

21 1100 S. POWERLINE ROAD
Suite, Apt. #, etc.

26 1100 S. POWERLINE ROAD
Suite, Apt. #, etc.

4. FEI Number
65-0305091

Applied For
Not Applicable

22 City & State

27 City & State

23 DEERFIELD BEACH, FL.
Zip Country

28 DEERFIELD BEACH, FL.
Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 33442 25 USA

29 33442 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARGOV, YEHUDA
2001 N.W. 32 ST.
POMPANO BEACH FL 33069

81 Name

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

1100 S. POWERLINE ROAD

83

84 City

DEERFIELD BEACH

FL

85 Zip Code

33442

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME S
STREET ADDRESS RAMI, ARGOV
CITY-ST-ZIP 10976 NW 21TH ST
CORAL SPRINGS FL

11 TITLE ☐ Change ☒ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP 33071

TITLE ☐ DELETE
NAME V
STREET ADDRESS YAIR, ARGOV
CITY-ST-ZIP 8915 NW 48TH DR
CORAL SPRINGS FL

21 TITLE ☐ Change ☒ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP 33071

TITLE ☐ DELETE
NAME P
STREET ADDRESS YEHUDA, ARGOV
CITY-ST-ZIP 6012 NW 91 WAY
TAMARAC FL

31 TITLE ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP 33321

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 in an attachment with an address.

SIGNATURE:

RAMI ARGOV (Deputy) 4/28/97 (9A/725-6482)

CP2E034 (9/96)