Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90027 005 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V13842

<ol> <li>Corporatio</li> </ol>	n Name	•			1					
artisan frame and art gallery, inc.										
					}			111 <b>113</b> 11 11111 <b>1</b>		
Dringing! Plan	o of Business	Mailing Address		<del></del> _						
•					Ì					
1717 S.W. 1ST WAY 1717 S.W. 1ST WAY #30										
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441					1	DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed			ĺ	
2. Principal Place of Business 2a. Mailing Address						02/13/1992 4. FEI Number			-UJ <b>C</b>	
<del>-</del>		2a. Mailing Address				••		<u> </u>	plied For t Applicable	
21 Suite, Apt. #, etc.		Suite Apt. #. etc.	Suite, Apt. #, etc.			65-0319732		\$8.75 A	<del></del>	
22		27			e .	5. Certificate of Status Desired	□ .~	- Fee Re	I	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be		
23		28			Trust Fund Contribution		Added to	o Fees		
Zip			Country			8. This corporation owes the curr	ent year Inta		\	
24	25 29 30  9. Name and Address of Current Registered Agent		!			Personal Property Tax.  10. Name and Address of New F	Pagiatorad /		□No	
	9. Name and Address of Curre	nt Registered Agent	81	Name		10. Name and Address of New P	redisteren i	-tgent		
SULLIVAN, TERRIE L.			L							
	5 N.W. 2ND AVENUE		82			s (P.O. Box Number is Not Accepta	able)		}	
BOC	A RATON FL 33431		83			······································				
	-		24	0.1				las Zin C	ada .	
			84	City			FL	85 Zip C	YOU'R	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	the above	-named c	corpora	ition submits this statement for the	purpose of	changing its	registered	
oπice or r agent. ∤ a	registered agent, or both, in the State im familiar with, and accept the obliga	ations of, Section 607.0505, Florida	onzed by Statutes		ration	s board of directors, I hereby accep	or me abbon	innem as reg	pstereu	
SIGNATURE	9.					_ · _ * #/\#\	B			
				nt signature rec	quired wi	nen reinstating) ADDITIONS/CHANGES TO OF	DATE FIGERS AN	D DIDECTO	DC IN 42	
TITLE			13.			ADDITIONS/CHANGES TO UP	FICERS AN	Change	Addition	
NAME			1.2 NAME	ĺ					. –	
STREET ADDRESS	4285 N.W. 2ND AVENUE		1.3 STREET ADDRESS						[	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP							
TITLE			2.1 TITLE	]"				☐ Change	Addition	
NAME			2.2 NAME						}	
STREET ADDRESS			2.3 STREET ADDRESS			•			-	
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TITLE	•		3.1 TITLE	}				☐ Change	Addition	
NAME.	100000		3.2 NAME						}	
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP						}	
CITY-ST-ZIP TITLE			4.1 TITLE	1-219				Change	☐ Addition	
NAME			4. 2 NAME					V-	_	
STREET ADDRESS	( E		4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST	1						
TITLE			5.1 TITLE					☐ Change	Addition	
NAME			5.2 NAME						ĺ	
STREET ADDRESS		·	5.3 STREET	1						
CITY-ST-ZIP				4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE			,		Change	☐ Addition	
·			6.2 NAME						{	
STREET ADDRESS	1	•	6.3 STREET	MUUKESS					į	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP



1212-04/14/09 Payling Phone #

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