

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED
Aug 29 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 # V27008 (4)
1. Corporation Name
ART TOGS, INCORPORATED



| | |
|---|---|
| Principal Place of Business 507 MAIN STREET WINDERMERE FL 34786 | Mailing Address 507 MAIN STREET WINDERMERE FL 34786 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--------------------------|--------------------------|
| 2. Principal Place of Business 21 13312 W. COLONIAL DR Suite, Apt. #, etc. 22 STE 1 City & State 23 WINTER GARDEN, FL Zip 24 34787 | 2a. Mailing Address 26 13312 W. COLONIAL DR Suite, Apt. #, etc. 27 STE 1 City & State 28 WINTER GARDEN, FL Zip 29 34787 | Country 25 USA | Country 30 USA |
|---|--|--------------------------|--------------------------|

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/27/1992 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-3118898 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**DRAGE, THOMAS B. JR. ESQUIRE
120 SOUTH ORANGE AVENUE
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

11. Pursuant to the provisions of Sections 607.05-02 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | DILLARD, BEN H JR. |
| STREET ADDRESS | 507 MAIN ST. |
| CITY-ST-ZIP | WINDERMERE FL 34786 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | DILLARD, LAURIE E |
| STREET ADDRESS | 507 MAIN ST. |
| CITY-ST-ZIP | WINDERMERE FL 34786 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | DILLARD, JON |
| STREET ADDRESS | 507 MAIN ST. |
| CITY-ST-ZIP | WINDERMERE FL 34786 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 13312 W. COLONIAL DR STE 1 |
| 1.4 CITY-ST-ZIP | WINTER GARDEN, FL 34787 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | AS ABOVE |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | AS ABOVE |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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, upon an attachment with an address.

SIGNATURE _____ DATE **08-25-97**

CR2E034 (4/97)