Apr 22, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V50513

1. Corporation Name

STEPHEN H. ARTMAN, P.A.

Principal Place	e of Business	Mailing Address					
908 SOUTH FL	A, AVE.	908 SOUTH FLA. AVE.					
SUITE 102		SUITE 102			DO NOT INDITE IN THIS SPACE		
LAKELAND FL 33803		LAKELAND FL 33803		-	DO NOT WRITE IN THIS SPACE		
US		US			Date Incorporated or Qualified 06/26/1992		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	oplied For
21		26	•		59-3134622	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22	·	27			5. Certifcate of Status Desired	Fee Re	equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	itry	8. This corporation owes the current year Intang	aible	-
24	25	29	30			Yes	□No
241	9. Name and Address of Current		1001		10. Name and Address of New Registered Ag	ent	
.,				81 Name			
ARTI	Man, Stephen H.						
908	SOUTH FLA. AVE.			82 Street A	eet Address (P.O. Box Number is Not Acceptable)		
. Suit	TE 102			83			
	ELAND FL 33803			•			
				84 City	FL	85 Zip	Code
	· · · · · · · · · · · · · · · · · · ·						
11. Pursuant	to the provisions of Bections 607.050	2 and 607 1 508, Florida Statut	tes, the a	ove-named (corporation submits this statement for the purpose of cheration's board of directors. I hereby accept the appointment	anging its nent as re	registerea eaistered
agent. I a	m familiar with, and accept the obligat	ions of Section 607.0505, Flo	rida Sisti	tee	, and the second of the second	.,	j
				103.			
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SIGNATURE	Signature, typed or printed name of registered agen		~~_)	equired when reinstating) BATE	99	
	Signature, typed or printed name of registered agen		~~_)	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	99 DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	Registered	Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	99	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	at and title if applicable. (NOTE	Registered	Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	99 DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN	tt and title if applicable. (NOTE D DIRECTORS	13. 1.1 TII 1.2 NV	Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	99 DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD ARTMAN, STEPHEN H. 908 SOUTH FLA AVE., SUITE 1	tt and title if applicable. (NOTE D DIRECTORS	13. 1.1 TII 1.2 N/ 1.3 S7	Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	99 DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD ARTMAN, STEPHEN H.	tt and title if applicable. (NOTE D DIRECTORS	13. 1.1 TII 1.2 N/ 1.3 S7	Agent signature re LE ME REET ADORESS Y-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	99 DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD ARTMAN, STEPHEN H. 908 SOUTH FLA AVE., SUITE 1	t and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 CI 2.1 TII	Agent signature re LE ME REET ADORESS Y-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	99 · DIRECTO	DRS IN 12
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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 chapter of an attachment with an adulties with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)