FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 23 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V52701 (2)

1. Corporation Name
ART HEADQUARTERS, INC.

Principal Place of Business	Mailing Address
11881 44TH STREET NORTH CLEARWATER FL 34622	11881 44TH STREET NORTH CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/17/1992
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business	2a. Mailing Address
21 11885 44th ST. NO	26 11885 44 ST. NO.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Clearwater, FL	27 Clearwater, FL
City & State	City & State
23 34622	28 34622
Zip / Country	Zip / Country
24 / 25	29 / 30

4. FEI Number: 59-3132444 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUPAK, JON 11881 44TH STREET NORTH CLEARWATER FL 34622	81 Name: Supak, Jon 82 Street Address (P.O. Box Number is Not Acceptable) 83 11885 44th St. NO. 84 City: Clearwater FL 85 Zip Code: 34622

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 _____ DATE
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when designated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BOROM, CHARLES	1.2 NAME	
STREET ADDRESS	6106 SISTER ELSIE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TUJUNGA CA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	BOROM, LANNA	2.2 NAME	
STREET ADDRESS	6106 SISTER ELSIE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TUJUNGA CA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	REGAN, DAVID	3.2 NAME	
STREET ADDRESS	1736 THURBER	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91501	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	SUPAK, JON	4.2 NAME	
STREET ADDRESS	322 HILLTOP LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: Supak Jon A. Supak 1/14/95 573-1417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0350404 CP