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

Mailing Address

STE: 700

1920 S. DIXIE HWY.

CORAL GABLES FL 33146

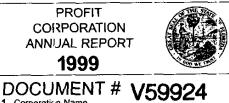
PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business 1320:S. DIXIE HWY.

GORAL GABLES FL 33146

STE. 700



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90133 045 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/21/1992

GARY D. NAGLE

DIESCIBR

4-26-99 (305)253-6065

ARTISTIC WOODS, INC.	

2. Principal Place of Bus 11 Suite, Ap: #, etc.	ness	2a. Mailing Address			4. FEI Number 65-0358836			oliad For
		26						
Suite, Ap:. #, etc.		26		03 0330030			Applicable	
121		Suite, Apt. #, etc.		5. Certifca e of Status Desired		\$8.75 A		
City & State		City & State			6. Election Campaign Financing		\$5.00	Мау Ве
13		28			Trust Fund Contribution	<i>'</i> □	Added to	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the cu	irrent year lista	ıngible	
24	25	29	30		Personal Property Tax.		Yes	No _
	e and Address of Current	Registered Agent			10. Name and Address of New	Registered A	Agent	
GORDON, LE	~			82 Street Addr	RY D. NAGLE ess (P.O. Box Number is Not Accept	otable)		
	Dele	40			316 5W 139 1	<u> ・・・・</u>		
87E-700		10		83				
CORAL GABE	-576-36 146			84 City			85 Zip C	k de
				124	1AMI,	F\ <u>_</u>		3186
11. Pursuant to the prov	sions of Sections 607.0502	and 607.1508, Florida Stat	tules, the a	bove-named corp	oration submits this statement for the on's board of directors. I hereby according to the oration of the oratio	e purpose of a	changing its i itment as rec	registered ii stered
office or registered a agent, am familiar	gent, or both, in the State o vith, and accept the obligati	ons of, Section 607.0505, h	-k⊣ida Stat	utes.				5,00
-	12 - 12	21	LAC	D NAGL	E-DIRECTOR d when reinstating)	41	26/00	
SIGNATURE Signature, tvo	d or printed rtal re or registered agent	and title if applicable. (NC	TI:: Registered	Agent signature require	d when reinstating)	DATE 4		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO C	FFICERS //N	D DIRECTO	FS IN 12
mre PD		☐ DELETE	1.1 TI	TLE		-	Change	☐ Addition
1 ' -	GARY D		: 12 N	AME				
	.W. 139 CT.			REET ADDRESS				
1								
	L 33186	☐ DELETE		TY-ST-ZIP			Change	Addition
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I	LILIA M		2.2 N	AME				
STREET ADDRESS 13816	W 139TH CT		2.3 \$	TREET ADDRESS				
CITY-ST-ZIP MIAMI	<u>L</u> _		2.40	ITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TI	TLE			Change	☐ Addition
NAME			32 N	AME				
STREET ADDRESS			3.3 S	TREET ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP				_
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NAME		<u> </u>	4.2 N					
				TREET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	5.1 T	TY-ST-ZIP			[] Change	Addition
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NAME				TREET ADDRESS				
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CITY-ST-ZIP				TY-ST-ZIP			Change	Addition
TITLE		☐ DELETE	6.1 TI				Change	
NAME			6.2 N	ł				
STREET ADDRESS			6.3 S	TREET ADDRESS				
CITY-ST-ZIP				ITY-ST-ZIP				
44	he information supplied with	h this filing does not qualify	or the exe	mption stated n	Section 119.07(3)(i), Florida Statute e shall have the same legal effect a	s. I further cer	tify that the i	nformation