

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAR -2 PH 5: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N45373** (0)

1. Corporation Name  
**ARTISTS SHOWPLACE COOPERATIVE, INC.**

Principal Place of Business Mailing Address  
**7665 W. LAKE WORTH ROAD LAKE WORTH FL 33467 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/30/1991** 3a. Date of Last Report **02/04/1994**  
4. FEI Number **65-0289397** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent  
**KLEBINS, RUTH C.  
7665-W. LAKE WORTH RD.  
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE **P DIRECTOR**  
NAME **KLEBINS, RUTH C.**  
STREET ADDRESS **7027 PINE MANOR DRIVE LAKE WORTH FL 33467**  
CITY-ST-ZIP  
TITLE **V**  
NAME **SCHRAM, NAT**  
STREET ADDRESS **7628 TAHITI LANE LAKE WORTH FL 33467**  
CITY-ST-ZIP  
TITLE **V DIRECTOR**  
NAME **COHEN, MATHEW**  
STREET ADDRESS **5893 PARKWALK DRIVE BOYNTON BEACH FL 33437**  
CITY-ST-ZIP  
TITLE **I DIRECTOR**  
NAME **KRITZER, RUTH**  
STREET ADDRESS **8432 HEATHER PLACE BOYNTON BEACH FL 33437**  
CITY-ST-ZIP  
TITLE **S**  
NAME **COHEN, JANICE**  
STREET ADDRESS **0228 WATER LILLY BOYNTON BEACH FL 33437**  
CITY-ST-ZIP  
TITLE **V**  
NAME **CLEMONS, HENRY**  
STREET ADDRESS **2032 JOG RD. GREENACRES FL**  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME **500001423595**  
1.3 STREET ADDRESS **-03/07/95--01147--007**  
1.4 CITY-ST-ZIP **\*\*\*\*130.00 \*\*\*\*130.00**  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS **555 3/2/94**  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME **Allan Dortner D**  
6.3 STREET ADDRESS **1104 Lake Breeze Drive**  
6.4 CITY-ST-ZIP **Washington FL 33414**

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 recipient or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or as an attachment with an address.

SIGNATURE: Ruth C. Klebins, Pres. 2/4/95 407-966-4908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date Here)