

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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 7665 W. LAKE WORTH ROAD LAKE WORTH FL 33467 US	Mailing Address 7665 W. LAKE WORTH ROAD LAKE WORTH FL 33467 US
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3. Date Incorporated or Qualified 09/30/1991	3a. Date of Last Report 03/02/1995
4. FEI Number 65-0289397	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEBINS, RUTH C.
7665 W. LAKE WORTH RD.
LAKE WORTH FL 33467**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLEBINS, RUTH C.	
STREET ADDRESS	7027 PINE MANOR DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHRAM, NAT	
STREET ADDRESS	7626 TAHITI LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COHEN, MATHEW	
STREET ADDRESS	5893 PARKWALK DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRITZER, RUTH	
STREET ADDRESS	8432 HEATHER PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COHEN, JANICE	
STREET ADDRESS	6226 WATER LILLY	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOERNER, ALLAN	
STREET ADDRESS	1104 LAKE BREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ruth C. Klebins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96
DATE

407-966-4908
DAYTIME PHONE #

CR2E037 (12/95)