

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45373 (0)

1. Corporation Name
ARTISTS SHOWPLACE COOPERATIVE, INC.

Principal Place of Business 7749 W. LAKE WORTH ROAD LAKE WORTH FL 33467 US	Mailing Address 7749 W. LAKE WORTH ROAD LAKE WORTH FL 33467 US
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3. Date Incorporated or Qualified 09/30/1991	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**KLEBINS, RUTH C
7749 W. LAKE WORTH RD.
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	KLEBINS, RUTH C. 7027 PINE MANOR DRIVE LAKE WORTH FL 33467	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	SCHRAM, NAT 7628 TAHITI LANE LAKE WORTH FL 33467	1.2 NAME	
TITLE VD	COHEN, MATHEW 5893 PARKWALK DRIVE BOYNTON BEACH FL 33437	1.3 STREET ADDRESS	
TITLE TD	KRITZER, RUTH 8432 HEATHER PLACE BOYNTON BEACH FL 33437	1.4 CITY - ST - ZIP	
TITLE S	GRUNER, SHEILA 7700-1 STONE HARBOUR DR LAKE WORTH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	DOERNER, ALLAN 1104 LAKE BREEZE DRIVE WELLINGTON FL 33414	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 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 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* **2/16/98**

CP25037 (10/97)