

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-10-1999 90018 043 *****61.25

DOCUMENT # N45373

Corporation Name

ARTISTS SHOWPLACE COOPERATIVE, INC.

Principal Place of Business

Mailing Address

7749 W. LAKE WORTH ROAD
LAKE WORTH FL 33467

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LAKE WORTH FL 33467
US



21	Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	FEI Number	Applied For
23	City & State	27	City & State	5	Certificate of Status Desired	Not Applicable
24	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
25	Country	29	Country			\$5.00 May Be Added to Fees
30		30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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.

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth C. Klebins 1/23/99
Date: Daytime Phone #

CR2E037 (11/98)