

FILED  
Apr 18, 2000 8:00 am  
Secretary of State

01-19-2000 90307 008 \*\*\*\*61.25

DOCUMENT # N45373

1. Entity Name  
ARTISTS SHOWPLACE COOPERATIVE, INC.

802143

Principal Place of Business Mailing Address  
7749 W. LAKE WORTH ROAD LAKE WORTH FL 33467  
7749 W. LAKE WORTH ROAD LAKE WORTH FL 33467-2536  
US US

2. Principal Place of Business 3. Mailing Address  
705 Lake Avenue 705 Lake Avenue  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Lake Worth, Florida Lake Worth, Florida  
Zip Country Zip Country  
33360-3812 Palm Beach 33460-3812 Palm Beach

4. FEI Number 65-0289397 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KLEBINS, RUTH C  
7749 W. LAKE WORTH RD.  
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Ruth C. Klebins January 11th, 2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEBINS, RUTH C. 7027 PINE MANOR DRIVE LAKE WORTH FL 33467 <input type="checkbox"/> Delete <b>D</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHRAM, NAT 7626 TAHITI LANE LAKE WORTH FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, MATHEW 5893 PARKWALK DRIVE BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete <b>D</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRITZER, RUTH 8432 HEATHER PLACE BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete <b>D</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRUNER, SHEILA 7700-1 STONE HARBOUR DR LAKE WORTH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sec.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOERNER, ALLAN 1104 LAKE BREEZE DRIVE WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date Daytime Phone #