

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P98000013355**

1. Corporation Name  
**LAWYER'S ART SHOP, INC.**

Principal Place of Business  
**3732 N.W. 16TH STREET  
 FT LAUDERDALE FL 33311**

Mailing Address  
**3732 N.W. 16TH STREET  
 FT LAUDERDALE FL 33311**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc  
 22 City & State  
 23 Zip Country  
 24 25

26 Suite, Apt #, etc  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent

**FILINGS, INC.  
 3732 N.W. 16TH STREET  
 FT. LAUDERDALE FL 33311-4132**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date of registration

(NOTE: Registered Agent's name is not to be typed or printed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	HEYMAN, BONNIE	
STREET ADDRESS	3732 N.W. 16TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	[ ] DELETE
NAME	HEYMAN, LESLIE	
STREET ADDRESS	3732 N.W. 16TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

FILED  
 APR 27 PM 12:56  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/10/1998**

4. FEI Number  
**65-0815123**

5. Certificate of Status Desired  
 Applied For  
 Not Applicable  
**\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax  
 Yes  No

10. Name and Address of New Registered Agent

700002859317-9  
 -04/30/99--01137--011  
 \*\*\*\*150.00 \*\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/98 994 791 210

0030903

CR2E034 (11/98)