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Feb 10, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N45373

Corporation Name

ARTISTS SHOWPLACE COOPERATIVE, INC.

Principal Place of Business

749 W. LAKE WORTH ROAD
LAKE WORTH FL 33467

Mailing Address

7749 W. LAKE WORTH ROAD
LAKE WORTH FL 33467
US



Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

09/30/1991

4. FEI Number

65-0289397

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

DELETE

TITLE PD
NAME KLEBINS, RUTH C.
STREET ADDRESS 7027 PINE MANOR DRIVE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE V
NAME SCHRAM, NAT
STREET ADDRESS 7626 TAHITI LANE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE VD
NAME COHEN, MATHEW
STREET ADDRESS 5893 PARKWALK DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE TD
NAME KRITZER, RUTH
STREET ADDRESS 8432 HEATHER PLACE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE S
NAME GRUNER, SHEILA
STREET ADDRESS 7700-1 STONE HARBOUR DR
CITY-ST-ZIP LAKE WORTH FL

TITLE D
NAME DOERNER, ALLAN
STREET ADDRESS 1104 LAKE BREEZE DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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

Date

Daytime Phone #

CR2E037 (11/98)