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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

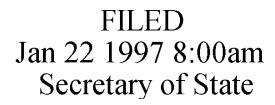
DOCUMENT # 382744

THE ARTWORK SHOP, INC.

Principal Place of Business

(1)

Mailing Address





1309 3RD STREET SOUTH NAPLES FL 33940		1309 3RD STREET SOU NAPLES FL 34102-7203	1309 3RD STREET SOUTH NAPLES FL 34102-7203					
					3. Date Incorporated or Qualified 05/24/1971	3a. Date of Last F 02/27/1996	Date of Last Report /27/1996	
	lace of Bus ness	2a. Mailing Address			4. FEI Number	I A	pplied For	
21		26			59-1352042		ot Applicable	
Suite, Apt #, etc 22		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip <b>24</b>	Country 25	Ζφ <b>29</b>	Cour	try	8. This corporation has liability for i	intangible tax under :	s. 199.032,	
24	g, Name and Address of C	— — — — — — — — — — — — — — — — — —	1301		10. Name and Address of New Re		<del></del>	
SHAI	FER, JAMES W.			1 Name		<del></del>		
1309 3RD ST SOUTH				32 Street A	Address (P.O. Box Number is Not Acceptable)			
NAPLES FL 33940			[	83				
				14 City		FL 85 Zip	Code	
41 Pursuaal	to the runn cione of Sections 60	7.0502 and 607.1509. Florida Sta	atutos the ah	nya-named (	corporation submits this statement for the p		ite registered	
office or r agent La	registered agent, or both, in the imitamiliar with and accept the	State of Florida. Such change woobligations of, Section 607.0505,	as authorized , Florida Statu	by the corporates.	oration's board of directors. I hereby accept	ot the appointment as	registered	
SIGNATURE	Signature, type for pooled name of registe	rest acres on at tilled ample start.	NOTE Bugistered	Agent sonature r	equired when reinstating)	DATE		
12.		S AND DIRECTORS	13.	gove o grazive v	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	PDT	DELETE	1.1 TIT	E.		Change	Addition	
NAMé	SHAFER, JAMES W.		1 2 NAI	1E			i	
STREET ADDRESS	2050 CRAYTON RD.		1 3 STF	EET ADDRESS				
CITY-ST-Z:F	NAPLES, FL 00000		1	-ST-ZIP				
TITLE ,	VDS	DELETE	2.1 111			☐ Change	Addition	
NAME	Shafer, Suzanne e.		2.2 NAI	1E		•		
STREET ADDRESS	2050 CRAYTON RD		2.3 STF	FET ADDRESS				
C!1Y+ST-ZIP	NAPLES, FL 00000		2.401	Y-ST- <i>Z</i> IP				
TITLE		DELETE	3 1 TIT			Change	Addition	
NAME			3.2 NAI	1E			=	
STREET ADDRESS			3.3 STF	EET ADDRESS				
CITY-ST-ZIP			3.4. CF	Y-ST-ZIP				
TITLE		☐ DELETE	4 1 TIT	E		☐ Change	Addition	
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	EET ADDRESS				
CITY - ST - ZIP			4 4 GIT	(-ST-ZIP				
TITLE		DELETE	5 1 TIT.	E		Change	Addition	
NAME			5.2 NA	đ <del>é</del>				
STREET ADDRESS			5.3 STF	EET ADDRESS				
CITY - ST-ZIP			5.4 CIT	r-st-zip				
TITLE		DELETE	6.1 TIT	E		☐ Change	Addition	
NAME			6.2 NA	AE				
STREET ADDRESS			63511	EET ADDRESS				
CITY - ST - ZIP			6.4 CIT	r-ST-ZIP				

14. I do 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 suppliemental 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 Rock 13 if changed or on an attachment with an address.

SIGNATURE: