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AND
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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H61419** **(8)**

1. Corporation Name

FORMS IN SCULPTURE, INC.

Principal Place of Business	Mailing Address
6556 SUPERIOR AVE. SARASOTA FL 34231	6556 SUPERIOR AVE. SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/06/1985	06/28/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2749652	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	8. The corporation has subject to chapter 607, Florida Statutes. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COHEN, BRUCE 6556 SUPERIOR AVE. SARASOTA FL 33581	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 Section 607.0502 and 607.1505, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Y/N)	
Title	PD	Title	☐ Change ☐ Addition
Name	COHEN, BRUCE	Name	
Street Address	6851 SHETLAND WAY	Street Address	
City-St-Zip	SARASOTA FL	City-St-Zip	
Title	SD	Title	☐ Change ☐ Addition
Name	COHEN, RHONDA L.	Name	
Street Address	6851 SHETLAND WAY	Street Address	
City-St-Zip	SARASOTA FL	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I hereby certify that the information supplied with this report is accurate, complete and current as required by Chapter 607.0505, 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: Bruce Cohen, President 4/30/95 (813)922-3860

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Telephone #

0339453 CP