

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

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Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J27060 (9)
1. Corporation Name
JOSEPH LAPIERRE ARTIST & ASSOCIATES, INC.



Principal Place of Business Mailing Address
~~LEE HENDELSON~~ *Michael Fairclough* ~~LEE HENDELSON~~ *Michael Fairclough*
2845 NO. MILITARY TRAIL *Suite 8* 2845 NO. MILITARY TRAIL *Suite 8*
W. PALM BEACH FL 33409-2955 W. PALM BEACH FL 33409-2955

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 669, Holly Drive Suite, Apt. #, etc. 22 City & State 23 Palm Beach Gardens Zip 24 33410		2a. Mailing Address 26 669, Holly Drive Suite, Apt. #, etc. 27 City & State 28 Palm Beach Gardens Zip 29 33410		3. Date Incorporated or Qualified 08/04/1986	
4. FEI Number 59-2708020		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent HENDELSON, LEE 2845 NO. MILITARY TRAIL SUITE #15 WEST PALM BEACH FL 33409		10. Name and Address of New Registered Agent 81 Name Michael Fairclough 82 Street Address (P.O. Box Number is Not Acceptable) General Business Services, Coco Plum Plaza Ste 8 83 2845, N. Military Trail 84 City West Palm Beach FL 85 Zip Code 33409	
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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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE 4/14/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPIERRE, JOSEPH	1.2 NAME	
STREET ADDRESS	669 HOLLY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPIERRE, MELODY	2.2 NAME	
STREET ADDRESS	669 HOLLY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDENS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Melody Lapierre* DATE 4-19-98 5/1623991.7

CR2E034 (10/97)