

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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # **J61712**

(2)

1. Corporation Name
ART WORKS, INC.



Principal Place of Business

% **LAWRENCE BIELER**
8813 SW 132ND ST
MIAMI FL 33176
US

Mailing Address

% **LAWRENCE BIELER**
8813 SW 132ND ST
MIAMI FL 33176-5926
US

3. Date Incorporated or Qualified
03/12/1987

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

29. Country

4. FEI Number

59-2780483

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KAREN B. SKLAWER
8813 SW 132 STREET
MIAMI FL 33176

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

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 of the person changing agent, if applicable, must appear on this form)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. NAME	DP BIELER, KAREN	☐ DELETE
2. STREET ADDRESS	8813 SW 132ND ST	
3. CITY-STATE-ZIP	MIAMI FL	
4. NAME		☐ DELETE
5. STREET ADDRESS		
6. CITY-STATE-ZIP		
7. NAME		☐ DELETE
8. STREET ADDRESS		
9. CITY-STATE-ZIP		
10. NAME		☐ DELETE
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. NAME		☐ DELETE
14. STREET ADDRESS		
15. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 included 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 or Block 14 if changed, or on an attachment with an address.

SIGNATURE:

Karen B. Sklawer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97
Date

305-255-4026
Daytime Phone #

CR2E034 (9/96)