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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 11:01

DOCUMENT # **K07468** **(7)**

1. Corporation Name
K AND W ART WORKS, INC.

Principal Place of Business	Mailing Address
308 W HALLANDALE BCH BLVD HALLANDALE FL 33009 US	904 NW 51ST ST POMPANO BEACH FL 33064-609 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1987**
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business 21	2a. Mailing Address 26: 6511 Pierce St	4. FEI Number: 65-0031788	☐ Applied For ☐ 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: Hollywood, Florida	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29: 33024 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

LEBOWITZ, KAREN
904 N.W. 51ST ST.
POMPANO BCH. FL 33064

10. Name and Address of New Registered Agent

81 Name: Lebowitz, Karen
82 Street Address (P.O. Box Number is Not Acceptable): 6511 Pierce St.
83
84 City: Hollywood FL 85 Zip Code: 33024

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: Karen Lebowitz (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changes) DATE: 3/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	LEBOWITZ, KAREN	12 NAME	Lebowitz, Karen
STREET ADDRESS	904 NW 51 ST.	13 STREET ADDRESS	6511 Pierce St.
CITY-ST-ZIP	POMPANO BCH. FL	14 CITY-ST-ZIP	Hollywood, Fl, 33024
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Karen Lebowitz Karen Lebowitz 3/30/95 305-961-3048
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0107840 CP