FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:02

DOCUMENT # N39010 (6)

1. Corporation Name

P.EEK.A B.OO CHALLENGED ARTISTS INC.

Principal Place of Business	Mailing Address
P.O. BOX 292691 DAVIE FL 33329-2691	P.O. BOX 292691 DAVIE FL 33329-2691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0176931 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BAUMAN, PAMELA K.
3710 NW 88 AVE. #319
SUNRISE FL 33351

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☐ Change ☒ Addition
NAME	FLORES, LUIS	12 NAME	Lynn A Fields
STREET ADDRESS	3720 NW 85TH AVE, #138	13 STREET ADDRESS	8010 HAMTON Blvd.
CITY-ST-ZIP	SUNRISE FL	14 CITY-ST-ZIP	North Lauderdale
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	PEDER SEN, ELLEN	22 NAME	
STREET ADDRESS	1725 WW 91ST AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	ROSENTHAL, RICKIE	32 NAME	
STREET ADDRESS	1320 WW 105TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	34 CITY-ST-ZIP	
TITLE	TS	41 TITLE	☐ Change ☐ Addition
NAME	BAUMAN, SHIRLEY	42 NAME	
STREET ADDRESS	1864 S W 81ST LANE	43 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	AGINS, RAE	52 NAME	
STREET ADDRESS	3700 N.W. 88 AVE.#120	53 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JALIEBA, MARY ANN	62 NAME	
STREET ADDRESS	3691 WW 21ST STREET	63 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	64 CITY-ST-ZIP	

REMITTED BY MAY 1

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

SIGNATURE: Pamela Bauman 4/27/95 305-475-1889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047320