


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1995</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N39010 (6)</b> 1. Corporation Name <b>P.EEK.A B.OO CHALLENGED ARTISTS INC.</b>			
Principal Place of Business <b>P.O. BOX 292691 DAVIE FL 33329-2691</b>		Mailing Address <b>P.O. BOX 292691 DAVIE FL 33329-2691</b>	
		DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualified <b>06/21/1990</b>	3a. Date of Last Report <b>05/01/1994</b>
		4. FEI Number <b>65-0176931</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> <b>FILING FEE IS \$61.25</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BAUMAN, PAMELA K. 3710 NW 88 AVE. #319 SUNRISE FL 33351</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b> NAME <b>FLORES, LUIS</b> STREET ADDRESS <b>3720 NW 85TH AVE, #136</b> CITY - ST - ZIP <b>SUNRISE FL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE <b>P</b> NAME <b>PEDER SEN, ELLEN</b> STREET ADDRESS <b>1725 WW 91ST AVE.</b> CITY - ST - ZIP <b>PLANTATION FL</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE <b>V</b> NAME <b>ROSENTHAL, RICKIE</b> STREET ADDRESS <b>1320 WW 105TH AVE.</b> CITY - ST - ZIP <b>PLANTATION FL</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TITLE <b>TS</b> NAME <b>BAUMAN, SHIRLEY</b> STREET ADDRESS <b>1884 S W 81ST LANE</b> CITY - ST - ZIP <b>DAVIE FL</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE <b>D</b> NAME <b>AGINS, RAE</b> STREET ADDRESS <b>3700 N.W. 88 AVE. #120</b> CITY - ST - ZIP <b>SUNRISE FL</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE <b>D</b> NAME <b>JALIEBA, MARY ANN</b> STREET ADDRESS <b>3891 WW 21ST STREET</b> CITY - ST - ZIP <b>LAUDERHILL FL</b>	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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)(k), 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: <i>Shirley Bauman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/28/96 954 475-1889 <small>Date Daytime Phone #</small>	

CR2E037 (3/95)