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May 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33329-2691P.O. BOX 292691
DAVIE FL 33329-2691

3. Date Incorporated or Qualified

06/21/1990

3a. Date of Last Report

06/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FLORES, LUIS
STREET ADDRESS 3720 NW 85TH AVE, #136
CITY-ST-ZIP SUNRISE FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE P
NAME PEDER SEN, ELLEN
STREET ADDRESS 1725 WW 91ST AVE.
CITY-ST-ZIP PLANTATION FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE V
NAME ROSENTHAL, RICKIE
STREET ADDRESS 1320 WW 105TH AVE.
CITY-ST-ZIP PLANTATION FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TS
NAME BAUMAN, SHIRLEY
STREET ADDRESS 1864 S W 81ST LANE
CITY-ST-ZIP DAVIE FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME AGINS, RAE
STREET ADDRESS 3700 N.W. 88 AVE. #120
CITY-ST-ZIP SUNRISE FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME EISENBERG, LAURA S
STREET ADDRESS 4126 INVARRY BLVD. H2818
CITY-ST-ZIP LAUDERHILL FL 333196.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/97

Daytime Phone # 0017522

CP2E037 (9/96)