

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90009 011 ****61.25

0039290

DOCUMENT # N39010

1. Corporation Name

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

Principal Place of Business

P.O. BOX 292691
DAVIE FL 33329-2691

Mailing Address

P.O. BOX 292691
DAVIE FL 33329-2691



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/21/1990

4. FEI Number

65-0176931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BAUMAN, PAMELA K.
6901 ENVIRON BLVD 3C
LAUDERHILL FL 33319

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

TITLE D ☐ DELETE

NAME FLORES, LUIS
STREET ADDRESS 3720 NW 85TH AVE, #136
CITY-ST-ZIP SUNRISE FL

TITLE P ☐ DELETE

NAME PEDER SEN, ELLEN
STREET ADDRESS 1725 WW 91ST AVE.
CITY-ST-ZIP PLANTATION FL

TITLE V ☐ DELETE

NAME ROSENTHAL, RICKIE
STREET ADDRESS 1320 WW 105TH AVE.
CITY-ST-ZIP PLANTATION FL

TITLE TS ☐ DELETE

NAME BAUMAN, SHIRLEY
STREET ADDRESS 1864 S W 81ST LANE
CITY-ST-ZIP DAVIE FL

TITLE D ☐ DELETE

NAME AGINS, RAE
STREET ADDRESS 3700 N.W. 88 AVE. #120
CITY-ST-ZIP SUNRISE FL

TITLE D ☐ DELETE

NAME LUISA, TROCONIS
STREET ADDRESS 2400 INVERRARY BLVD
CITY-ST-ZIP LAUDERHILL FL 33318

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)