

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N45373** (0)

1. Corporation Name

ARTISTS SHOWPLACE COOPERATIVE, INC.



Principal Place of Business

**7749 W. LAKE WORTH ROAD
LAKE WORTH FL 33467
US**

Mailing Address

**7749 W. LAKE WORTH ROAD
LAKE WORTH FL 33467-2536
US**

3. Date Incorporated or Qualified
09/30/1991

3a. Date of Last Report
03/12/1996

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

Country

30

4. FEI Number
65-0289397

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEBINS, RUTH C
7749 W. LAKE WORTH RD.
LAKE WORTH FL 33467**

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	PD	<input type="checkbox"/> DELETE
NAME	KLEBINS, RUTH C.	
STREET ADDRESS	7027 PINE MANOR DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHRAM, NAT	
STREET ADDRESS	7626 TAHITI LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	COHEN, MATHEW	
STREET ADDRESS	5893 PARKWALK DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRITZER, RUTH	
STREET ADDRESS	8432 HEATHER PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, JANICE	
STREET ADDRESS	6226 WATER LILLY	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOERNER, ALLAN	
STREET ADDRESS	1104 LAKE BREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sheila Gruner,
5.3 STREET ADDRESS	7700-1 Stone Harbour Dr.,
5.4 CITY-ST-ZIP	Lake Worth, Fl., 33467.

6.1 TITLE	<input 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 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 **RUTH C. KLEBINS**

CR2E037 (9/96)