6-30-97 B-7916 C

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Jun 30 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 # N96000003982 (3)

1. Corporation Name
A WORK OF ART PROGRAM INC.

Principal Place of Business
800 1/2 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

Mailing Address
POST OFFICE BOX 1333
WEST PALM BEACH FL 33402-1333

3. Date Incorporated or Qualified: 07/29/1996
3a. Date of Last Report:

2. Principal Place of Business
21 401 Executive ctr. Dr.
Suite, Apt. #, etc.
22 C-103
City & State
23 WPB, FlA
Zip
24 33401
Country
25 Palm Bch

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0686253 ☐ 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

WILLIAMS, ARTHUR
800 1/2 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Williams, Arthur
82 Street Address (P.O. Box Number is Not Acceptable): 401 Executive Ctr Dr C-103
83
84 City: WPB FL 85 Zip Code: 33401

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/P)	☐ DELETE
NAME	WILLIAMS, ARTHUR	
STREET ADDRESS	800 1/2 NORTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	Janice Ferraiolo (D)	☐ DELETE
NAME	9350 Listow Terr.	
STREET ADDRESS	Boynton Bch, FlA. 33437	
CITY-ST-ZIP		
TITLE	(D)	☐ DELETE
NAME	Sal Ferraiolo	
STREET ADDRESS	9350 Listow Terr.	
CITY-ST-ZIP	Boynton Bch, FlA 33437	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	Williams, Arthur	
1.3 STREET ADDRESS	401 Executive ctr Dr C103	
1.4 CITY-ST-ZIP	WPB, FlA 33401	
2.1 TITLE	D/S	☐ Change ☒ Addition
2.2 NAME	Ferraiolo, Janice	
2.3 STREET ADDRESS	9350 Listow Terr.	
2.4 CITY-ST-ZIP	Boynton Bch, Fl 33437	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Ferraiolo, Sal	
3.3 STREET ADDRESS	9350 Listow Terr.	
3.4 CITY-ST-ZIP	Boynton Bch, Fl 33437	
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		

CR2E037 (9/96)

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.

5/1/97

SIGNATURE: [illegible]