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NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 28 PM 3:16

REINSTATEMENT 98-00

DOCUMENT # N96000003982 (3)

1. Corporation Name

A WORK OF ART PROGRAM INC.

Principal Place of Business: ~~401 EXECUTIVE CTR DR C-103 WPB FL 33401~~

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

3. Date Incorporated or Qualified: 07/29/1996

4. FEI Number: 65-0686253 — [X] Applied For [ ] Not Applicable

2. Principal Place of Business: 801 Seabreeze
Suite, Apt. #, etc.: I 929
City & State: Ft. Laud. FLA
Zip: 33316 Country: Broward

2a. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

~~WILLIAMS, ARTHUR
401 EXECUTIVE CTR DR C-103
WPB FL 33401~~

10. Name and Address of New Registered Agent

Name: Arthur Williams
Street Address (P.O. Box Number is Not Acceptable): 801 Seabreeze Blvd
I-929
City: Ft. Laud. FL Zip Code: 33316

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] DATE 3-16-98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1.1 TITLE	~~Vice President~~	[ ] Change [X] Addition
NAME	WILLIAMS, ARTHUR		1.2 NAME	~~Julie A. Butcher~~	
STREET ADDRESS	401 EXECUTIVE CTR DR C-103		1.3 STREET ADDRESS	~~1516 9th Ave. North~~	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	~~Lake Worth / Palm Beach~~ ~~33460~~	
TITLE	DS	[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	FERRAIOLO, JANICE		2.2 NAME		
STREET ADDRESS	9350 LISTEN TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	[X] DELETE	3.1 TITLE	VPD Amos T. Wilder	[ ] Change [X] Addition
NAME	FERRAIOLO, SAL		3.2 NAME	Amos T. Wilder	
STREET ADDRESS	9350 LISTEN TERR		3.3 STREET ADDRESS	757 S.E. 17th St. Suite 203	
CITY-ST-ZIP	BOYNTON BEACH FL		3.4 CITY-ST-ZIP	Ft. Laud, FLA 33316-2960	
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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CR2E037 (10/97)

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.

SIGNATURE: [signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-16-98 / 5-17-2000 Daytime Phone #: 954 540 7245 (561) 687-7308 (561) 712-7686

0040666

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