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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

373875 - 90064 - 50

DOCUMENT # N97000000488

1. Corporation Name
ARTISTS' GUILD, INC.

Principal Place of Business	Mailing Address
2600 N. MILITARY TRAIL NORTHWOOD UNIVERSITY W. PALM BEACH FL 33409	% PEGGY GORMAN 513 GREENWAY DRIVE N. PALM BEACH FL 33408

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26	01/29/1997	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0729905	Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23	28		
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

BOYCE, DENNIS M ESQ.
631 U.S. HIGHWAY
SUITE 404
N. PALM BEACH FL 33408

10. Name and Address of New Registered Agent

61 Name: MATTY RITZ
62 Street Address (P.O. Box Number is Not Acceptable): 5234 Tiffany Anne Circle
63
64 City: West Palm Beach FL 65 Zip Code: 33417

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: MATTY RITZ — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Matty Ritz — DATE: 4/20/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOTTESMAN, NATHANIEL		1.2 NAME		
STREET ADDRESS	13554 VERDE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	DOROTHY MASOM	☒ Change ☒ Addition
NAME	BISEK, WILLIAM		2.2 NAME		
STREET ADDRESS	199 SILVER BEACH ROAD		2.3 STREET ADDRESS	112 Bluefish Circle	
CITY-ST-ZIP	RIVIERA BEACH FL 33404		2.4 CITY-ST-ZIP	Jupiter Florida 33477	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RITZ, MATTY		3.2 NAME		
STREET ADDRESS	5234 TIFFANY ANN CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GORMAN, PEGGY		4.2 NAME		
STREET ADDRESS	513 GREENWAY DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, ANN		5.2 NAME		
STREET ADDRESS	8109 C OAKTON COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33406		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		

CR2E037 (11/98)

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 — Matty Ritz — Date: 1/12/99 — Daytime Phone #: 561-478-4674