## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N9700006888 (8) DOCUMENT #

**FILED** May 29 1998 8:00 am Secretary of State

THE A	rtist within, inc.														
Principal Plac	ce of Business	Mailing	Address					110	ilisas eta iei	11 10811 88	1991 <b>WW</b> 981 <b>U</b>	18141 88411 <b>93</b> 11	10 01101 16101	18681 1861 1881	
1350 E SUNRISE BLVD SUITE 121 FORT LAUDERDALE FL 33304 1350 E SUNRISE BLVD SUITE 121 FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304					•				/11/199		ualified		· · · · · · · · · · · · · · · · · · ·		_
								4. FEI Nui	mber 2786	YYY	26	1400	<del></del>	pplied For lot Applicat	
2. Principal F	Place of Business	<b>├</b> ─┐	2e. Malling Address					5. Certificate of Status Desired \$8.75 Add Fee Regul						Additional	
Suite, Apt.	₩, etc.		Suite, Apt. #, etc.					6. Election	n Campai	gn Finar	ncing		\$5.00		
City & Stat	<u> </u>	City & State					$\rightarrow$		und Contr				Added		
23	.0	28						7. Is this nonprofit corporation a homeowners association?							
Zip	Country 25	Zip		Cour	ntry	•.					r has pa	aid the curr	ent year In		_
24	9. Name and Address of Curre	[29] ent Registered	d Agent	30					al Propert and Addr			gistered A		_l No	
					81	Name								-	
	e, <b>S</b> usan			<u> </u>	82	Street A	ddress	(P.O. Box	Number i	is Not A	cceptat	ole)	<del></del>		
1350 E SUNRISE BLVD									140/1100/		COOPIGE				
SUITE 1	21 Auderdale fl 33304				83		,								
roni Li	AUDERDALE EL 33304			Ī	84	City						FL	85 Zip	Code	
11. Pursuant office or r	to the provisions of Sections 617.05 registered agent, or both, in the Statum familiar with, and accept the obli	02 and 617.18 te of Florida. S	508, Florida Statu uch change was	ites, the ab authorized	ove by	named c	corpora oration's	tion submi	ts this sta directors.	tement f	for the p		changing cintment as	its registere	đ
agent. I a SIGNATURE														_	_
12.	Signature, typed or printed name of registered a	gent and little If appl ND DIRECTOR		TE Registered	Agen	ni signature n	required w			ICEC TO	) VEEIO	DATE CERS AND	DIDECTO	TIC IN 12	
TITLE	<b>D</b>	IND DIRECTOR	DELETE	1.1 TITL	.E			ADDITIO	NO/OTIAL	NOES IC	JOHN		Change	Additi	on
NAME	WALKER, BARBARA			1.2 NAN							42-1				
STREET ADDRESS	3045 CENTER AVE			1.3 STR	EET A	ADDRESS	エジ	ne of	, Neda	ce f	7 5071				
CITY-ST-ZIP	FORT LAUDERDALE FL 3330	)8		1.4 CIT	Y - ST	- ZIP	F1.1	AUD	FL 3	330	)				
TITLE	MICHELE CHOAN		☐ DELETE	2.1 TITL								į	Change	Additi	٥n
NAME	MICHELE, SUSAN 3300 PORT ROYALE DR, N :	321		2.2 NAA	-		1 T.	sle un	י משע	ice.	# 30	91			
STREET ADDRESS CITY-ST-ZIP	FORT LAUDERDALE FL 3330			2.3 STR 2.4 CIT				Loub.							
TITLE	D		DELETE	3.1 TITL		1-21	<u> </u>	Cityce		<i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Change	Additi	on
NAME	HEPBURN, PATRICIA B			3.2 NAN	AE.								<u>-</u>	_	
STREET ADORESS	7441 NW 15 STREET			3.3 STR	EET A	ADDRESS									
CITY-ST-ZIP	PLANTATION FL 33313			3.4. CIT	Y-S1	T-ZIP									
TITLE			☐ DELETE	4.1 TITL	E								Change	Addition	on
NAME				4. 2 NAJ											
STREET ADDRESS				•		ADDRESS							,	j	
CITY-ST-ZIP TITLE	70.		DELETE	4.4 CITY 5.1 TITL		- ZIP							Change	☐ Additio	
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NAME				6.2 NAM	Œ							370			
STREET ADDRESS				6.3 STRI	EET A	ADDAESS						4008			

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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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 enhowared 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 abdress.