

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 9:52

DOCUMENT # P92000005015 (2)

1. Corporation Name

ARTISTS & COMPANY, INC.

Principal Place of Business

P.O. BOX 1040
HOLLYWOOD FL 33022

Mailing Address

146 GREENS ROAD
HOLLYWOOD FL 33021
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/15/1992

3a. Date of Last Report

02/14/1994

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

4. FEI Number

65-0368216

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. 193.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROMANIK, DAVID S
1901 HARRISON STREET
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HORVITZ, FRANCIE	1.2 NAME	
STREET ADDRESS	518 N.E. 13TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	ZWICKLER, BETTY U	2.2 NAME	
STREET ADDRESS	811 E LAS OLAS BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	ARCHER, TOBEY	3.2 NAME	
STREET ADDRESS	222 BRICKELL AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	FRIEDLANER, RICHARD	4.2 NAME	
STREET ADDRESS	515 NE 13TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	LEIGHTON, JEAN	5.2 NAME	
STREET ADDRESS	234 S.E. 10TH TERRACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	5.4 CITY - ST - ZIP	
TITLE	PD	6.1 TITLE	☐ Change ☐ Addition
NAME	SACCOCIO, ROSANNA	6.2 NAME	
STREET ADDRESS	440 N.E. 3RD AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Betty U. Zwickler **BETTY U. ZWICKLER STD**

(Date)

2/5/95 (95) 523-3722