FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

2720 NE 28TH STREET

2a. Mailing Address

Suite, Apt. #, etc.

26

LIGHTHOUSE POINT FL 33084-8213

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

LIGHTHOUSE POINT FL 33084

2. Principal Place of Business

Suite, Apt. #, etc.

2720 NE 28TH STREET

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500009047 (8)

ARTISTIC PERFORMERS, INC.

22 27 City & State City & State 23 28 Zip Country Country 25 29 30 24 9. Name and Address of Current Registered Agent 81 Name MAWSON, GWEN 2722 NE 28TH STREET Street Addres LIGHTHOUSE POINT FL 33064 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with land 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 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE MAWSON, CRAIG NAME 1.2 NAME 2722 NE 28TH STREET STREET ADDRESS 1.3 STREET ADDRESS LIGHTHOUSE POINT FL 33064 1.4 CITY - ST - ZIP DELETE THEE 2.1 TITLE MAWSON, KEN NAME 22 NAME 2720 NE 28TH STREET STREET ADDRESS 2.3 STREET ADDRESS LIGHTHOUSE POINT FL 33064 2. 4 CITY - ST - ZIP CITY - ST-ZIP TiTt { DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CILY-ST-ZIP DELETE 4.1 TITLE THILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CID-ST-ZIP ☐ DELETE TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS C TY - ST - ZIP 5.4 CITY+ST-ZIP □ DELETE TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS. 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

May 27 1997 8:00am Secretary of State

3. Date Incorporated or Qualified	3a. Da	te of	Last R	epor	<u></u>	٦
02/15/1995	07/0	16/1	996			ļ
4. FEI Number					d For	_
65-0558386					plicable	4
5. Certificate of Status Desired			3.75 / Fee Re			
Election Campaign Financing Trust Fund Contribution			5.00 Added 1			
8. This corporation has liability for in Florida Statutes	ntangible Yes	tax u		. 199	.032,	
10, Name and Address of New Rec	istered /	gen	ì			
					•	
ss (P.O. Box Number is Not Acceptable	e)					1
						$\frac{1}{2}$
	FI	85	Zip (Code)	
ration submits this statement for the pun's board of directors. I hereby acceptions when reinstating)	rpose of t the appo	char ointm	iging it ent as	s regis	gistered stered	
ADDITIONS/CHANGES TO OFFICE	ERS AND	-				_
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Daytime Phone #