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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000032255 (7)

THE ARTISTS' GUILD OF SOUTH FLORIDA INC.

Principal Place	of Business	Mailing Address	Mailing Address			4 100 (100 LITO EDICED DEFEND DOSA) DOTAL CONTR			if 1 <b>08</b> 1
8400 BLUE LAK POMPANO BEA			3400 BLUE LAKE DRIVE. E802 POMPANO BEACH FL 33084-2028						
						3. Date Incorporated or Qualified 04/05/1996	3a. Date of L	ast Rep	orl
· ·	ace of Business	2a. Mailing Address				4. FEI Number 65-0727441		<del></del>	ied For
Suite, Apt.	H ato	Suite, Apt. #, etc.				0570 12 19 11	60		\pplicable
22		27	··-			5. Certificate of Status Desired	Fe	75 Add	rired
City & State		Cily & State				6. Election Campaign Financing		.00 м	
<b>23</b> Zip	Country	7 <sub>(P</sub>	Cor	entry	=-	Trust Fund Contribution  8. This corporation has liability for i		ided to i	
24	25	29	30	,			Tres ∏ No	JOI 5. 13	99.032,
<del></del> -	9. Name and Address of Current			[		10. Name and Address of New Re			
WINI	(LER, LAWRENCE			81	Namo				
	BLUE LAKE DRIVE, E602			82 :	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
POM	PANO BEACH FL 33064					000 (1.0. 000 10.101 10.101 10.001 10.001	,		
				83					•
				84	City		FI 85	Zip Co	de
11. Pursuant t	a the provisions of Sections 607 (1502	and 607 1508. Florida Stat	lules the a	hove-r	named coro	poration submits this statement for the p	urnose of chang	ing its r	egistered
office or re	egistered agent, or both, in the State of	d Florida. Such change wa	s authorize	d by th	ne corporal	ion's board of directors. I hereby accep	ot the appointme	nt as re	gistered
•	m familiar with, and accept the obligat	ions di, section buz.coop, i	riorga Sta	wes.					
SIGNATURE .	Signature, typed or printed name of registered agent	and the dispelsable (N	O1L: Registere	d Agent	signature requin	od when reinstating)	DATÉ		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS	IN 12
TITLE	DST	☐ DELFTE	111	нιг			☐ Cha	inge [	Addition
NAME	WINKLER, LAWRENCE		12 N	AME					
STREET ADDRESS	3400 BLUE LAKE DRIVE, E602		1.3 5	TREET AC	DRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33064		1.4 0	ηγ-SI	ZIP				
TITLE	DP	☐ DELFTE	22 N				[] Cha	inge [	Addition
NAME	EMMA, MICHAEL H								
STREET ADDRESS	1129 NW 98 TERRACE PEMBROKE PINES FL 33024				DDRESS				
CITY-ST-ZIP TITLE	FEMIDIONE FINES FL 33024	DELETE		31Y - S1	7(P		Cha	2000	Addition
NAME		L_J DELCHE	3.1 TI 3.2 N					mys [	Addinon
					opene !				
STREET ADDRESS				IREET AD	- 1				
CITY-ST-ZIP TITLE		DELETE	3.4. C	OTY-ST- ITLE	rir.		T Chi	ange T	Addition
NAME		LU PETER	4.21		Ì			J- (	
STREET ADDRESS				TREET AS	ORESS				
CITY-ST-ZIP				TY+\$1-					
TITLE		DELETE	511				Cha	ange	Addition
NAME			52 N	AME	1				
STREET ADDRESS				IREET AL	DDRESS				
CITY-ST-ZIP				HY-SI-					
TITLE		☐ DELETE	6.1 71				Cha	ange [	Addition
NAME			6.2 N	IAME					
STREET ADDRESS			6.3\$	TREET AL	DDRESS				
CITY-ST-ZIP			640	11Y-SI-	ZIP				
14. I do hereb	by certify that the information supplied in indicated on this engual report or su	with this filing does not qui	alify for the	exem	ption stated	d in Section 119.07(3)(i), Florida Statute	s. I further certify	that the	e roath that
I am an of appears in	flicer or director of the corporation or to h Block 12 or Block 13 if changed, or	he receiver or trustee emp on an attachment with an a	owered to a	execut	e this repor	my signature shall have the same legant as required by Chapter 607, Florida S	italules; and that	my nar	ne

4 28/62

954-941-2616