

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
REGISTRATION AND
QUALIFICATION
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

MAY - 1 AM 9:10

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V17607

(5)

LISA SCHWARTZ, INC.

Printed Name of Corporation

9882 NORHWEST 6TH PLACE
PLANTATION FL 33324

9882 NORHWEST 6TH PLACE
PLANTATION FL 33324

2. Name and Address of Business

21. Street, City, State, Zip

28. Name and Address

26.

22. Street, City, State, Zip

23. Street, City, State, Zip

24. Street, City, State, Zip

27.

28.

29.

30.

9. Name and Address of Current Registered Agent

SCHWARTZ, LISA
9882 NORTHWEST 6TH PLACE
PLANTATION FL 33324

61. Name

62. Street Address - If No Box No, otherwise Not Acceptable

63.

64.

FL 65. Zip Code

11. Pursuant to the provisions of Section 105.051(16) of the 1992 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 action 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 Chapter 105.051(16) of the Florida Statutes.

SIGNATURE

12. DIRECTOR APPROVAL
NAME: D
SCHWARTZ, LISA
9882 NW 6TH PLACE
PLANTATION FL

NAME:
THEATRICAL
ARTISTS INC
PLANTATION FL

13.	ADDITIONAL DIRECTOR, SECRETARY, OR CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Replace
NAME:	NAME		
THEATRICAL ARTISTS INC	THEATRICAL ARTISTS INC		
PLANTATION FL	PLANTATION FL		
NAME:	NAME		
THEATRICAL ARTISTS INC	THEATRICAL ARTISTS INC		
PLANTATION FL	PLANTATION FL		
NAME:	NAME		
THEATRICAL ARTISTS INC	THEATRICAL ARTISTS INC		
PLANTATION FL	PLANTATION FL		
NAME:	NAME		
THEATRICAL ARTISTS INC	THEATRICAL ARTISTS INC		
PLANTATION FL	PLANTATION FL		
NAME:	NAME		
THEATRICAL ARTISTS INC	THEATRICAL ARTISTS INC		
PLANTATION FL	PLANTATION FL		

14. I declare, I certify that the information contained in this document is true and accurate to the best of my knowledge. I further certify that the information contained in the annual report is a true and accurate annual report. I further certify that my signature which have the same legal effect as a handwritten signature, appears on Block 1, or Block 1A, or both, or on a document attached thereto.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/95 (S6)
452-9062