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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **L08748** (0)

1. Corporation Name
FIFTH AVENUE ART GALLERY, INC.

Principal Place of Business Mailing Address

% JOEL E. BOYD
100 RIALTO PLACE, STE 510
MELBOURNE FL 32901-3073
US

% JOEL E. BOYD
100 RIALTO PLACE, STE 510
MELBOURNE FL 32901-3073
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Qualified **08/10/1989** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2966570** 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BOYD, JOEL E.
100 RIALTO PLACE
STE 510
MELBOURNE FL 32901

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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARKER, THOMAS
STREET ADDRESS	550 PINE DRIVE
CITY - ST - ZIP	MELBOURNE FL
TITLE	VPD
NAME	KUHL, MARG
STREET ADDRESS	1311 RIVER DRIVE
CITY - ST - ZIP	MELBOURNE FL
TITLE	VPD
NAME	PERERS, CAROL
STREET ADDRESS	1284 RICHMOND RD
CITY - ST - ZIP	WINTER PARK FL
TITLE	VPD
NAME	KNIGHT, FRAN
STREET ADDRESS	510 MAJORCA CT
CITY - ST - ZIP	SATELLITE BCH FL
TITLE	TD
NAME	NEWMAN, MARLIS
STREET ADDRESS	335 S. LAKESIDE DR
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	SD
NAME	DILLEN, NANCY
STREET ADDRESS	1403 PINEAPPLE
CITY - ST - ZIP	MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD (KUHL, MARGUERITE)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARGUERITE KUHL	
1.3 STREET ADDRESS	1311 E. RIVER DR.	
1.4 CITY - ST - ZIP	MELBOURNE, FL	
2.1 TITLE	GVARI, DIANA VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	500 5th AVENUE	
2.4 CITY - ST - ZIP	MELBOURNE BEACH FL	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRAN KNIGHT, FRAN	
3.3 STREET ADDRESS	510 MAJORCA CT	
3.4 CITY - ST - ZIP	SATELLITE BEACH, FL	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NILL, FAY	
6.3 STREET ADDRESS	2345 PEPPERWOOD RD.	
6.4 CITY - ST - ZIP	MELBOURNE, FL 32955	

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 110.07(3)(k), 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: Marguerite B. Kuhl 3/2 195 407-724-6221
MARGUERITE B. KUHL