

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

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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		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/10/1989	04/19/1994
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-2966570	Not Applicable
24 Country		30 Country		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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOYD, JOEL E. 100 RIALTO PLACE STE 510 MELBOURNE FL 32901				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD (KUH, MARGUERITE) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, THOMAS	1.2 NAME	MARGUERITE KOHL
STREET ADDRESS	550 PINE DRIVE	1.3 STREET ADDRESS	1311 E. RIVER DR.
CITY - ST - ZIP	MELBOURNE FL	1.4 CITY - ST - ZIP	MELBOURNE, FL
TITLE	VPD	2.1 TITLE	GURRI, DIANA VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHL, MARG	2.2 NAME	
STREET ADDRESS	1311 RIVER DRIVE	2.3 STREET ADDRESS	500 5th AVENUE
CITY - ST - ZIP	MELBOURNE FL	2.4 CITY - ST - ZIP	MELBOURNE BEACH FL
TITLE	VPD	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERERS, CAROL	3.2 NAME	FRAN KNIGHT, FRAN
STREET ADDRESS	1284 RICHMOND RD	3.3 STREET ADDRESS	510 MAJORCA CT
CITY - ST - ZIP	WINTER PARK FL	3.4 CITY - ST - ZIP	SATELLITE BEACH, FL
TITLE	VPD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, FRAN	4.2 NAME	
STREET ADDRESS	510 MAJORCA CT	4.3 STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BCH FL	4.4 CITY - ST - ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, MARLIS	5.2 NAME	
STREET ADDRESS	335 S. LAKESIDE DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BEACH FL	5.4 CITY - ST - ZIP	
TITLE	SD	6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLEN, NANCY	6.2 NAME	NILL, FAY
STREET ADDRESS	1403 PINEAPPLE	6.3 STREET ADDRESS	2345 PEPPERWOOD RD.
CITY - ST - ZIP	MELBOURNE FL	6.4 CITY - ST - ZIP	MELBOURNE, FL 32905

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARGUERITE B. KOHL**