

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

PROFIT CORPORATION ANNUAL REPORT 1996



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		3. Date Incorporated or Qualified	3a. Date of Last Report
% 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		08/10/1989	04/14/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-2966570	Not Applicable		
Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		<input type="checkbox"/>		5.00 May Be Added to Fees	
City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country	30	
24	25	28	30		

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				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GURRI, DIANA		1.2 NAME	NANCY L. CRAWFORD			
STREET ADDRESS	500 5TH AVENUE		1.3 STREET ADDRESS	100 TRADEWINDS DR.			
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	IND. HAR. BCH. FL 32937			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	YPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUHL, MARG		2.2 NAME	JOAN WALLACE			
STREET ADDRESS	1311 E RIVER DR		2.3 STREET ADDRESS	9730 S. TROPICAL TRAIL			
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	MERRITT ISL., 32952			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNIGHT, FRAN		3.2 NAME	MILDRED RICHARDSON			
STREET ADDRESS	510 MAJORCA CT		3.3 STREET ADDRESS	300 W. CHARLES ST.			
CITY-ST-ZIP	SATELLITE BCH FL		3.4 CITY-ST-ZIP	MELB., 32935			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWMAN, MARLIS		4.2 NAME	LOIS MITTLEMAN			
STREET ADDRESS	335 S. LAKESIDE DR		4.3 STREET ADDRESS	797 SPANISH CWE DR.			
CITY-ST-ZIP	SATELLITE BEACH FL		4.4 CITY-ST-ZIP	MELB., FL 32940			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NULL, FAY		5.2 NAME	NANCY DILLEN			
STREET ADDRESS	2345 PEPPERWOOD RD		5.3 STREET ADDRESS	1403 PINEAPPLE AVE			
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP	MELB., 32935			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 119.07(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 *Nancy L. Crawford* NANCY L. CRAWFORD 04/24/96 (407) 777-5753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)