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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L08748

(0)

1. Corporation Name
FIFTH AVENUE ART GALLERY, INC.



Principal Place of Business

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

Mailing Address

% JOEL E. BOYD
100 RIALTO PLACE, STE 510
MELBOURNE FL 32901-3074
US

3. Date Incorporated or Qualified
08/10/1989

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CRAWFORD, NANCY L
STREET ADDRESS 100 TRADEWINDS DR.
CITY-ST-ZIP INDIAN HARBOR BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Change Addition

TITLE VPD
NAME WALLACE, JOAN
STREET ADDRESS 9730 S. TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Change Addition

TITLE VPD
NAME RICHARDSON, MILDRED
STREET ADDRESS 300 W. CHARLES ST.
CITY-ST-ZIP MELBOURNE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition

TITLE TD
NAME MITTLEMAN, LOIS
STREET ADDRESS 797 SPANISH COVE DR.
CITY-ST-ZIP MELBOURNE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Change Addition

TITLE SD
NAME DILLEN, NANCY
STREET ADDRESS 1403 PINEAPPLE AVE
CITY-ST-ZIP MELBOURNE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

Nancy L Crawford (407) 777-5753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)