

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L08748 (0)**

1. Corporation Name  
**FIFTH AVENUE ART GALLERY, INC.**

Principal Place of Business <b>% JOEL E. BOYD                  100 RIALTO PLACE, STE 510                  MELBOURNE FL 32901-3073                  US</b>	Mailing Address <b>% JOEL E. BOYD                  100 RIALTO PLACE, STE 510                  MELBOURNE FL 32901-3073                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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3. Date Incorporated or Qualified <b>08/10/1989</b>	4. FEI Number <b>59-2966570</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CRAWFORD, NANCY L	1.1 TITLE	PD marlis Newman
NAME	100 TRADEWINDS DR. INDIAN HARBOR BEACH FL	1.2 NAME	335 S. Lakeside Drive Satellite Bch, FL 32937
STREET ADDRESS	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VPD WALLACE, JOAN	2.1 TITLE	
NAME	9730 S. TROPICAL TRAIL MERRITT ISLAND FL	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VPD RICHARDSON, MILDRED	3.1 TITLE	VPD Tom Parker
NAME	300 W. CHARLES ST. MELBOURNE FL	3.2 NAME	550 Pine Drive Melbourne Village, FL 32901
STREET ADDRESS	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	TD MITTMAN, LOIS	4.1 TITLE	
NAME	797 SPANISH COVE DR. MELBOURNE FL	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	SD DILLEN, NANCY	5.1 TITLE	
NAME	1403 PINEAPPLE AVE MELBOURNE FL	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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: *Marlis Newman* **Marlis Newman** **4-1-98** **407-777-0980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)