

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 9:37

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P94000016299 (7)

1. Corporation Name

KIRSCHNER HACK FINE ART, INC.

Principal Place of Business

Mailing Address

1014 LINCOLN RD MALL
 MIAMI BEACH FL 33139

1014 LINCOLN RD MALL
 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/24/1994	3a. Date of Last Report N/A
4. FEI Number 65-0476323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 922 LINCOLN ROAD	26 922 LINCOLN ROAD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 MIA. BEACH FL 33139	28 MIA. BEACH FL 33139
24 33139 Zip	29 33139 Zip
25 DADE Country	30 DADE Country

9. Name and Address of Current Registered Agent

KIRSCHNER, MAIN, PETRIE, GRAHAM, TANNER, P.A.
ONE INDEPENDENT DR
SUITE 2000
JACKSONVILLE FL 32202

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 N/A 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	D	1.1 TITLE	P, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRSCHNER, AUDREY Y	1.2 NAME	KIRSCHNER, AUDREY Y.
STREET ADDRESS	5441 RIVER TRAIL RD N	1.3 STREET ADDRESS	5441 RIVER TRAIL RD N
CITY - ST - ZIP	JACKSONVILLE FL 32211	1.4 CITY - ST - ZIP	JAX. FL. 32211
TITLE		2.1 TITLE	V, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	HACK, LEE E.
STREET ADDRESS		2.3 STREET ADDRESS	922 LINCOLN RD
CITY - ST - ZIP		2.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 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 a 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: Lee E. Hack **6-30-95 305.531.7770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

CR2E034 (3/95)