


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90148 003 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000034723					
1. Corporation Name HAMILTON FINE ART & AUCTIONS, INC.					
Principal Place of Business 309 NE 2ND AVE. DELRAY BEACH FL 33444			Mailing Address 904 NW 1ST AVE. DELRAY BEACH FL 33444		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 7424 BIG CYPRESS DR		2a. Mailing Address 26 7424 BIG CYPRESS DR		3. Date Incorporated or Qualified 04/19/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0660744	
City & State 23 MIAMI LAKES FL		City & State 28 MIAMI LAKES, FL		Applied For Not Applicable	
Zip 24 33014		Zip 29 33014		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 25 USA		Country 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HAMILTON, JANICE A 904 NW 1ST AVE. DELRAY BEACH FL 33444				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	
SIGNATURE <i>Janice A. Hamilton</i>				81 Name HAMILTON, JANICE A	
(NOTE: Registered Agent signature required when reinstating)				82 Street Address (P.O. Box Number is Not Acceptable) 7424 BIG CYPRESS DRIVE	
				83	
				84 City MIAMI LAKES FL 85 Zip Code 33014	
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE PVST					
1.2 NAME HAMILTON, JANICE A					
1.3 STREET ADDRESS 904 NW 1ST AVE.					
1.4 CITY-ST-ZIP DELRAY BEACH FL 33444					
2.1 TITLE <input type="checkbox"/> DELETE D					
2.2 NAME HAMILTON, JANICE A					
2.3 STREET ADDRESS 904 NW 1ST AVE.					
2.4 CITY-ST-ZIP DELRAY BEACH FL 33444					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition PVST					
1.2 NAME HAMILTON, JANICE A. (Address)					
1.3 STREET ADDRESS 7424 BIG CYPRESS DR.					
1.4 CITY-ST-ZIP MIAMI LAKES, FL 33014					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition D. (Address)					
2.2 NAME HAMILTON, JANICE A.					
2.3 STREET ADDRESS 7424 BIG CYPRESS DR.					
2.4 CITY-ST-ZIP MIAMI LAKES, FL 33014					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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, with an other like empowered.

SIGNATURE:

Janice A. Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)