

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED
55 MAR -7 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S11862** (7)
1. Corporation Name
SELECT FINE ART, INC.

Principal Place of Business: **339 WORTH AVENUE PALM BEACH FL 33480-4610**
Mailing Address: **339 WORTH AVENUE PALM BEACH FL 33480-4610**

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|---|--|--|--|-----------------------------------|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 11/07/1990 | 04/07/1994 |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FBI Number | Applied For |
| 23 City & State | | 28 City & State | | 65-0244485 | Not Applicable |
| 24 Zip | | 29 Zip | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 Country | | 30 Country | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | | |

9. Name and Address of Current Registered Agent
**SINGER, MICHAEL S
618 U.S. HWY. ONE, SUITE 104
N. PALM BEACH FL 33408**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code **FL**

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 date of appointment) (Typed, Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---|
| TITLE | PD | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRÖDERICK, CATHERINE | 12 NAME | |
| STREET ADDRESS | 339 WORTH AVENUE | 13 STREET ADDRESS | |
| CITY, ST, ZIP | PALM BEACH FL | 14 CITY, ST, ZIP | |
| TITLE | | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY, ST, ZIP | | 24 CITY, ST, ZIP | |
| TITLE | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY, ST, ZIP | | 34 CITY, ST, ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY, ST, ZIP | | 44 CITY, ST, ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY, ST, ZIP | | 54 CITY, ST, ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY, ST, ZIP | | 64 CITY, ST, ZIP | |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(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 in both, as applicable.

SIGNATURE: *C. Broderick* **Catherine Broderick, PD** (407) 655-6508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR