


FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90003 046 ***150.00

07-09-1999 90015 010 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V66529 1. Corporation Name THE ABORIGINAL ART COLLECTOR, INC.					
Principal Place of Business 6674 LAKE LAND COURT JUPITER FL 33458 US			Mailing Address 6674 LAKE LAND CT. JUPITER FL 33458 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25					
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30					
3. Date Incorporated or Qualified 09/21/1992					
4. FEI Number 65-0353886					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent POSNER, MICHAEL J. 1555 PALM BCH LKS BLVD STE 1000 W PALM BEACH FL 33401			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE D <input type="checkbox"/> DELETE NAME WRIGHT, DIANE M. STREET ADDRESS 6674 LAKE LAND CT CITY-ST-ZIP JUPITER FL					
TITLE D <input type="checkbox"/> DELETE NAME WRIGHT, DAVID R. STREET ADDRESS 6674 LAKE LAND CT CITY-ST-ZIP JUPITER FL					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
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 all other like empowered.					
SIGNATURE: <u>DIANE M. WRIGHT</u> REQUIRED <u>6/15/99</u> <u>561 7130 803</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CORP 24 (4/98)