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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 504984

(6)

THE AVENUE ART SHOP, INC.

Principal Place of Business

Mailing Address

FILED Apr 22 1997 8:00am Secretary of State



SARASOTA FL		SARASOTA FL 34236-2433 US						
					3. Date Incorporated or Qualified 06/11/1976	3a. Date of L 02/12/19		
	lace of Business	2a. Mailing Address			4. FEI Number	L	Applied For	
21 /32	1ace of Business 2 NORTH TAMIAMY #, etc.	26			59-1672959		Not Applicable	
Suite, Apt	#, etc. 7747 7	27			5. Certificate of Status Desired		75 Additional ee Required	
City & State 23 SARASOTA FL 28 City & State 28 Zip 24 34236-2433 Country 25 U, S.//. 29 Zip 30					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
				ry 	8. This corporation has liability for intangible tax uncler s. 199.032, Florida Statutes ☑ Yes □ No			
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Re	gistered Agent		
VAN	LIENDEN, HUBERTHA N.		6	1 Name				
1322 NORTH TAMIAMI TRAIL SARASOTA FL 34236				2 Street Add	eet Address (P.O. Box Number is Not Acceptable)			
			8	3				
			6	4 City		FL 85	Zip Code	
office or re	to the provisions of Sections 607.0502 (egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a	authorized	by the corpora	rporation submits this statement for the pation's board of directors. I hereby acceptions	ourpose of chance	ing its registered nt as registered	
SIGNATURE	Stor ature, typed or profed name of registered agent i	and title it annicable. /NOT	F Registered A	neot skonature regu	uired when rainstating)	DATE	~·	
12.	OFFICERS AND I		13.	2011 019 mm m 0 10 1	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
tifle	PSD	[] DELETE	1.1 TITLE			☐ Ch		
NAME	VAN LIENDEN, HUBERTHA N.		1.2 NAM					
STREET ADDRESS	4120 RILMA AVENUE		1.3 STRE	ET ADDRESS	•			
CHY-ST-ZIP	SARASOTA FL		1.4 CiTY	-ST-ZIP				
Tritt	DST	☐ DELETE	2.1 T/TLI			Ch	ange 🔲 Addition	
NAMÉ	BARENDS, JOHN W. R.		2.2 NAM	:				
STHEET ADDRESS	4120 RILMA AVENUE		2.3 STRE	ET ADORESS				
CITY-ST-7:P	SARASOTA FL		2 4 CIT	- ST - ZIP				
MITE		DELETE	31 THTL	T		☐ Ch	ange 🔲 Addition	
NAME			3.2 NAM	E			i	
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY - ST - ZIP				-ST-ZIP				
TITLE		☐ DELETE	4.1 TML			Ch	ange Addition	
NAME			4. 2 NAN	IE			i	
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CHTY - ST - ZiF ¹				- ST-ZIP				
TITLE		DELETE	5 1 TITL	1		Ch	ange	
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 STRE	et address				
CITY-ST ZIP			5.4 CITY	-ST-ZIP				
THILE		DELETE	6.1 TITU			☐ Ch	ange Addition	
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STA	ET ADDRESS				
CITY - S1 - ZIP			6.4 CITY	-ST-71P				

14. I do 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