

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **668756** (0)

1. Corporation Name
PETER LANE FINE ARTS CORP.



Principal Place of Business: % DANIEL P. LEIBLEIN, 4433 STIRLING RD, FT LAUDERDALE FL 33314
Mailing Address: % DANIEL P. LEIBLEIN, 4433 STIRLING RD, FT LAUDERDALE FL 33314

3. Date Incorporated or Qualified: **05/02/1980**
3a. Date of Last Report: **01/18/1995**
4. FEI Number: **59-1994878**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent
**LEIBLEIN, DANIEL P.
501 NW 107TH AVE
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name: **MARC LIEBLEIN**
82 Street Address (P.O. Box Number is Not Acceptable): **10910 NW 3rd St**
83
84 City: **PLANTATION** FL 85 Zip Code: **33324**

11. Pursuant to the provisions of Sections 607.0507 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 607.0508, Florida Statutes.
SIGNATURE: *[Signature]* DATE: **2/12/96**

12. OFFICERS AND DIRECTORS

12-1 TITLE	<input type="checkbox"/> DELETE
12-2 NAME	P LIEBLEIN, JACQUELINE
12-3 STREET ADDRESS	501 NW 107TH AVE
12-4 CITY - ST - ZIP	PLANTATION FL
12-5 TITLE	<input type="checkbox"/> DELETE
12-6 NAME	ST LIEBLEIN, DANIEL P.
12-7 STREET ADDRESS	501 NW 107TH AVE.
12-8 CITY - ST - ZIP	PLANTATION FL
12-9 TITLE	<input type="checkbox"/> DELETE
12-10 NAME	
12-11 STREET ADDRESS	
12-12 CITY - ST - ZIP	
12-13 TITLE	<input type="checkbox"/> DELETE
12-14 NAME	
12-15 STREET ADDRESS	
12-16 CITY - ST - ZIP	
12-17 TITLE	<input type="checkbox"/> DELETE
12-18 NAME	
12-19 STREET ADDRESS	
12-20 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-2 NAME	
13-3 STREET ADDRESS	
13-4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-5 TITLE	
13-6 NAME	
13-7 STREET ADDRESS	
13-8 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-9 TITLE	
13-10 NAME	
13-11 STREET ADDRESS	
13-12 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-13 TITLE	
13-14 NAME	
13-15 STREET ADDRESS	
13-16 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-17 TITLE	
13-18 NAME	
13-19 STREET ADDRESS	
13-20 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 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) on an attachment with an address.
SIGNATURE: *[Signature]* DATE: **2/12/96** TELEPHONE: **305-583-7171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)