FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 15 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701378 (2)

1. Corporation Name

BEAUX ARTS OF MUSEUM OF ART, INC., FORT LAUDERDALE, FLORIDA

Principal Place of Business	Mailing Address
ONE EAST LAS OLAS BLVD. FT LAUDERDALE FL 33301	ONE EAST LAS OLAS BLVD. FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1960
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-6138952 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GREENBERG, CINDY .
ONE EAST LAS OLAS BLVD.
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 Cindy Greenberg — 2-13-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	MILLER, GINNY	1.2 NAME	BARBARA PARENT	
STREET ADDRESS	ONE E. LAS OLAS	1.3 STREET ADDRESS	One E. Las Olas	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	VP	2.1 TITLE	VP/D	☑ Change ☐ Addition
NAME	PARENT, BARBARA	2.2 NAME	Judy Zinn	
STREET ADDRESS	ONE E. LAS OLAS	2.3 STREET ADDRESS	One E. Las Olas	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale FL	
TITLE	S	3.1 TITLE	S/D	☑ Change ☐ Addition
NAME	VOIGHT, JOANN	3.2 NAME	Micki Lindemann	
STREET ADDRESS	ONE E. LAS OLAS	3.3 STREET ADDRESS	One E. Las Olas	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale FL	
TITLE	ARS	4.1 TITLE	ARS	☑ Change ☐ Addition
NAME	BELT, JENNIFER	4.2 NAME	Eileen Lank	
STREET ADDRESS	ONE E. LAS OLAS	4.3 STREET ADDRESS	One E. Las Olas	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale FL	
TITLE	S	5.1 TITLE	S	☑ Change ☐ Addition
NAME	CAMP, MELANIE	5.2 NAME	Melanie Camp	
STREET ADDRESS	ONE E. LAS OLAS	5.3 STREET ADDRESS	One E. Las Olas	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	Ft. Lauderdale FL	
TITLE	T	6.1 TITLE	T/S	☑ Change ☐ Addition
NAME	VANFLEET, BARBARA	6.2 NAME	Mary Welker	
STREET ADDRESS	ONE E LAS OLAS	6.3 STREET ADDRESS	One E. Las Olas	
CITY-ST-ZIP	FORT LAUDERDALE FL	6.4 CITY-ST-ZIP	Ft. Lauderdale FL	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary R. Welker — MARY WELKER — 2-10-95 — 305-463-2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000301