

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

1996

42496

B-

4408

C

DOCUMENT # 739540

1. Corporation Name

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



Principal Place of Business

Mailing Address

ONE E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

ONE E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified

07/01/1977

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1766006

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEILER, JOHN P. "JACK"
2900 E. OAKLAND PK. BLVD.
STE 200
FT. LAUDERDALE FL 33306

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 617.002 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/19/96

OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONINGSBY, BETTE	
STREET ADDRESS	4520 N.E. 25TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEWIS, SUSAN	
STREET ADDRESS	5785 N.E. 17 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, DIANE	
STREET ADDRESS	3301 N.E. 17 COURT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HILL, GINGER	
STREET ADDRESS	717 MIDDLE RIVER DR	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SEILER, NANCY	
STREET ADDRESS	2609 NE 37TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSBERGER, GAIL	
STREET ADDRESS	1024 SE 4TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13.

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AD SEILER, NANCY
1.3 STREET ADDRESS	2609 NE 37 Street
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD HANSBERGER, GAIL
2.3 STREET ADDRESS	1300 Brickell Drive
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S BENNETT, MARY
3.3 STREET ADDRESS	1736 SE 10 Street
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T CAPP, GAIL
4.3 STREET ADDRESS	1719 E. Las Olas Blvd.
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D LEWIS, SUSAN
5.3 STREET ADDRESS	4211 NE 29 Avenue
5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Nancy Seiler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NANCY SEILER

4/16/96

(954) 564-4556

Date

Daytime Phone #

CR2E037 (12/95)