2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 12, 2004 8:00 am **DOCUMENT # 739540 Secretary of State** 1. Entity Name 03-12-2004 90030 048 ****61.25 BEAUX ARTS ASSOCIATES OF MUSEUM 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Arrington GORDON, JEAN Street Address (P.O. Box Nymber is Not Acceptable) Blud 100 S BIRCH RD 2306 FT. LAUDERDALE FL 33301 73301 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE ☐ Change Addition Felice Arrington Blud GORDON, JEAN NAME NAME 100 S BIRCH RD 2306 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 Fort Lauderdale, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Donna Hewitt GOLDSTEIN, SUSAN P NAME NAME 1637 SE 14 ST 1731 SE 14TH STREET STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33316 Fort Lauderdall FL 33316 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE Janet Moody -2400 DeSoto Dr NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fort hander Onle, FC 33301 TITI F TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI £ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

Susan P. Goldstein 3-4-04 SIGNATURE:

CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

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changed, or on an attachment with an address, with all other like empowered.