

F95000000623

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

900001368799
-01/04/95--01056--001
*****70.00 *****70.00

SUBJECT: Dennis Joel Fine Arts, Ltd.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dennis Schlom
(Name of Person)
c/o William J. Carson
(Firm/Company)
821 Franklin Avenue #211
(Address)
Garden City, NY 11530
(City, State and Zip Code)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 3:29

Should you need to call someone concerning this matter, please call:

William J. Carson at (516) 746 - 0813
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. Dennis Joel Fine Arts, Ltd. Co.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New York
(State or country under the law of which it is incorporated)
3. 11-2955122
(FEI number, if applicable)
4. 2/89
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. August 1, 1994
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 1515 Old Northern Blvd.
Roslyn, NY 11576
(Current mailing address)
8. Sales
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: Iris Herzog
Office Address: 7577 Sierra Dr. East
Boca Raton, Florida, 33433
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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JAN 11 1995
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dennis Schlom

Address: 193-14 48th Ave.

Flushing, NY 11365

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Dennis J. Schlom
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Dennis J. Schlom, President
(Typed or printed name and capacity of person signing application)

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State of New York | ss:
Department of State

I hereby certify, that the certificate of incorporation of DENNIS JOEL FINE ARTS, LTD. was filed 02/06/1989, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Statement of Addresses and Directors is past due.

...

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 05th day of December
one thousand nine hundred and
ninety-four.



Secretary of State

199412060463

SECRET
DIVISION OF
95 FEB - 5 PM 3:30

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
~~ANNUAL REPORT~~

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Northrup

Secretary of State

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000623 (7)

1. Corporation Name

DENNIS JOEL FINE ARTS, LTD. CO.

Principal Place of Business

Mailing Address

1515 OLD NORTHERN BLVD.
ROSLYN NY 11576

1515 OLD NORTHERN BLVD.
ROSLYN NY 11576



3/21/8

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 165 MAIN ST		20 165 MAIN ST		02/06/1995			
22 Suite Apt #, etc.		27 Suite Apt #, etc.		4. FEI Number		Applied For	
				11-2955122		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		58.75 Additional Fee Required	
PORT WASHINGTON, NY		PORT WASHINGTON, NY		<input type="checkbox"/>		55.00 May Be Added to Fees	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
11050		11050		6. This corporation has liability for intangible tax under s. 190.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HERZOG, IRIS
7577 SIERRA DR. EAST
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	FL

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 *Dennis Herzog*

(NOTE: Registered Agent signature required when re-registering)

10/31/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHLOM, DENNIS	
STREET ADDRESS	183-14 48TH AVE.	
CITY - ST - ZIP	FLUSHING NY 11365	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	200002003742--8
2.1 TITLE	11/13/96 01195 014
2.2 NAME	***383.75 ***383.15
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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: *Dennis Schlom*

(NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

10/1/96

Date

Daytime Phone #