


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90014 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G17726			
1. Corporation Name EVAS ART GALLERY INC			
Principal Place of Business 3291 W. SUNRISE BLVD FT. LAUDERDALE, FL 33311		Mailing Address 1697 SALERNO CIRCLE WESTON, FL 33327	
2. Principal Place of Business 3291 W. SUNRISE BLVD.		2a. Mailing Address WESTON FL 1697 SALERNO CIR 33327	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. LAUDERDALE FL		City & State WESTON FL	
Zip 33311		Zip 33327	
Country U.S.A.		Country U.S.A.	
9. Name and Address of Current Registered Agent BERNARD KAPLAN 9624 NW 19 PLACE SUNRISE FL 33324			
10. Name and Address of New Registered Agent MITCHELL KAPLAN 1697 SALERNO CIRCLE WESTON, FL 33327			
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 MITCHELL S. KAPLAN 6-2-99 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. PRESIDENT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE BERNARD KAPLAN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE MITCHELL KAPLAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 9624 NW 19 PLACE		1.2 NAME 1697 SALERNO CIR	
STREET ADDRESS SUNRISE, FL 33324		1.3 STREET ADDRESS WESTON, FL 33327	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: **MITCHELL S. KAPLAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99

Date

Daytime Phone #

CR2E034 (11/98)