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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

# G21695

(3)

DIFTER KOHN LIFE-SIZE PORTRAITS, INC.

Diarter		, , , , , , , , , , , , , , , , , , , ,							
Principal Place	e of Business	Mailing Address	Mailing Address						
839 WORTH AVE C/O SELECT FINE ART PALM BEACH FL 83480		339 WORTH AVE C/O SELECT FINE ART PALM BEACH FL 33480	•						
US		U\$ 				3. Date Incorporated or Qualified 02/04/1983		te of Last Ro 22/1996	
2. Principal Pl	lace of Business	2a. Mailing Address	26. Mailing Address			4. FEI Number 59-2295582			plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	Additional
City & State	9	City & State	<del></del>			6. Election Campaign Financing		\$5.00	<u> </u>
23		28	28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Сри	ınlry		8. This corporation has liability for it	ritangible	tax under s.	199.032,
24	25	29	30				Yes [		
	9. Name and Address of Cur	rrent Registered Agent				10. Name and Address of New Registered Agent			
	in, dieter			81	Name				
	WORTH AVE SELECT FINE ART		<b>82</b> Str			ess (P.O. Box Number is Not Acceptab	le)		
	M BEACH FL 33480			83					
	•			84	Cily		FL	<b>85</b> Zip (	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Stat	tutes, the a	bove	-named corp	poration submits this statement for the p	urpose of	changing it	s registered
agent. I a	egistered agent, or both, in the Sim familiar with, and accept the of	tate of Florida. Such change war bligations of, Section 607.0505,	s aumorize Florida Stat	a by tutes	r me corporat 3.	ion's board of directors. I hereby accep	it the appo	as nominic	registered
SIGNATURE				<b></b>					
12.	Signature, typed or printed name of registerer OFFICERS	d agent and title it applicable. (N AND DIRECTORS	(O1⊢: Registere	d Age	int signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTOR	S IN 12
TITLE	PSD	DELETE	1.171	ILE		7,557,510,617,110,657,5 01110	211071110	Change	Addition
NAME	KOHN, DIETER		1.2 N		}			_ ,	
STREET ADDRESS	339 WORTH AVE		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	PALM BEACH FL		1.4 CHY-ST-7IP		T- 21P				
TITLE	ΥÐ			2.1 THE				Change	Addition
NAME	LAAKKONEN, ULLA		2.2 N	2.2 NAME					]
STREET ADDRESS	339 WORTH AVE		2.3 \$	2.3 BIREFT ADDRESS					į
CITY-ST-ZIP	PALM BEACH FL		2.40	2.4 CITY - ST - ZIP					
TITLE	☐ DELEIE		3.1 (1)	3.1 INTLE				☐ Change	Addition
NAME			3 2 N.	3.2 NAME					
STREET ADDRESS	•		3.3 \$	3.3 BTREET ADDRESS					
CITY-ST-ZIP					S1 - ZIP			T 01	T Laure
TITLE				A TITLE				L Change	Addition
NAME			4.2-1						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 C 5.1 Ti		1-7IP			Change	Addition
TITLE		FT DULLE	1		}			tami ondrigo	Laboritati
NAME STREET ADDRESS			5.2 NAME 5.3 \$TREET ADDRESS		ADDDECC				
CITY-ST-ZIP		T DELETE	DELETE 6.1 TIT		or-ZIF			Change	Addition
NAME			6.2 N		ļ				
STREET ADDRESS					ADDRESS				
STREET MADDRESS			8.00	rict (	ration a				ļ

64 CITY-ST-ZIP

14. I do 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 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.

OLONIATURE

Philipp I O Dieter Kohn

Agand 25, 1997

**FILED** 

May 06 1997 8:00am

Secretary of State