

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 21 PH 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G80378** (4)

1. Corporation Name
EVELYN & ARTHUR, INC.

Principal Place of Business Mailing Address
100 NORTH COUNTY ROAD PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/26/1984** 3a. Date of Last Report **03/17/1994**

2. Principal Place of Business 2a. Mailing Address

21 26

4. FEI Number **59-2398038** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country

8. The 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

**LEWIS, ARTHUR
3170 S OCEAN BLVD #205-S
PALM BEACH FL 33480**

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

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, 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

Signature, typed or printed name of registered agent and title of officeholder

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LEWIS, ARTHUR
STREET ADDRESS	3170 S OCEAN BLVD #205-S
CITY - ST - ZIP	PALM BEACH FL
TITLE	D
NAME	LEWIS, EVELYN
STREET ADDRESS	3170 S OCEAN BLVD #205-S
CITY - ST - ZIP	PALM BEACH FL
TITLE	S
NAME	WEISSMAN, ADRIANNE
STREET ADDRESS	1043 SHADY LAKES CIR.
CITY - ST - ZIP	PALM BCH.GARDENS FL
TITLE	VP
NAME	WEISSMAN, FREDRIC
STREET ADDRESS	1043 SHADY LAKES CIR.
CITY - ST - ZIP	PALM BCH.GARDENS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	100001437161
14 CITY - ST - ZIP	-03/22/95--01110--019
21 TITLE	****400.00 <input type="checkbox"/> ****200.00
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 199.03(2)(B), 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 on the 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.

SIGNATURE:

Fred Weissman
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
FRED WEISSMAN

3/15/95

407-585-4044