

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G80378 (4)**
1. Corporation Name
EVELYN & ARTHUR, INC.



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

3. Date Incorporated or Qualified: **01/26/1984**
3a. Date of Last Report: **03/21/1995**
4. FET Number: **59-2398038**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt. #, etc.
22: City & State
23: City & State
24: Zip, Country
26: Suite, Apt. #, etc.
27: City & State
28: City & State
29: Zip, Country
30: Zip, Country

9. Name and Address of Current Registered Agent: **LEWIS, ARTHUR 3170 S OCEAN BLVD #205-S PALM BEACH FL 33480**
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, ARTHUR	12 NAME	
STREET ADDRESS	3170 S OCEAN BLVD #205-S	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, EVELYN	22 NAME	
STREET ADDRESS	3170 S OCEAN BLVD #205-S	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSMAN, ADRIANNE	32 NAME	
STREET ADDRESS	1043 SHADY LAKES CIR.	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH.GARDENS FL	34 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSMAN, FREDRIC	42 NAME	
STREET ADDRESS	1043 SHADY LAKES CIR.	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH.GARDENS FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: **4-18-96** **407-585-4004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (City/Phone #)

CR2E034 (12/95)