

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90013 021 ***150.00

DOCUMENT # **L17279**

1. Corporation Name

ART VEST INTERNATIONAL, INC.

Principal Place of Business

**207 E ATLANTIC AVE
DELRAY BEACH FL 33444
US**

Mailing Address

**207 E ATLANTIC AVE
DELRAY BEACH FL 33444
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1989

4. FEI Number

65-0144934

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 owes the current year
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

1
Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**BRION, RONALD L
207 EAST ATLANTIC AVENUE
DELRAY BEACH FL 33444**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	BRION, RONALD L.	
STREET ADDRESS	207 E. ATLANTIC AVE	
CITY-STATE-ZIP	DELRAY BEACH FL 33444	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	GROESCHEL, LYNDIA S.	
STREET ADDRESS	207 E. ATLANTIC AVE	
CITY-STATE-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

I, 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.

SIGNATURE:

LEONARD S. BROWN

7/5/99

561-266-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

GALERIE BRION FINE ART

585145-90013-
21
L17279

July 6, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document #L17279
FEI # 65-0144934

Dear Sir or Madam:

Recently we received a second notice for our 1999 Profit Corporation Annual Report filing saying that the fee is now \$550.00. We never received the first notice, so we called 850.488.9000 and spoke with Gina, who was very professional. She advised us to write this letter letting you know that we never received the first notice and send a check for \$150.00.

We are not sure why we never received the first notice, but we are fairly new here and the name (d/b/a) on the outside of our business is Galerie Brion Fine Art. Some of the mail couriers do not know that our corporate name is Art Vest International Inc.; therefore, they probably did not know to give us mail with that name on it. In the future, putting our d/b/a (Galerie Brion Fine Art) on the address will help ensure we get our notices.

Please feel free to call us should you have any questions. Thank you very much and we apologize for the confusion.

Sincerely,



Lynda Groeschel
DVS