

**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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN 14 AM 10: 08

**DOCUMENT # L52092 (8)**

1. Corporation Name  
**FINE ART SALES, INCORPORATED**

Principal Place of Business Mailing Address  
**8051 TEXAS TRAIL BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/01/1990** 3a. Date of Last Report **08/17/1994**  
4. FEI Number **65-0194192** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
**SLATON, MICHAEL W.  
8051 TEXAS TRAIL  
BOCA RATON FL 33487**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and the # applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLATON, MICHAEL W.</b>	2. NAME	
STREET ADDRESS	<b>8051 TEXAS TRAIL</b>	3. STREET ADDRESS	
CITY, ST, ZIP	<b>BOCA RATON FL</b>	4. CITY, ST, ZIP	
TITLE	<b>VP</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLINA JR., ALBERT R.</b>	22. NAME	
STREET ADDRESS	<b>1074 N.W. 183 TERR.</b>	23. STREET ADDRESS	
CITY, ST, ZIP	<b>PEMBROKE PINES FL</b>	24. CITY, ST, ZIP	
TITLE	<b>S</b>	31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLINA, DIANA</b>	32. NAME	
STREET ADDRESS	<b>1074 N.W. 183 TERR.</b>	33. STREET ADDRESS	<b>STEPHEN R. SANDS</b>
CITY, ST, ZIP	<b>PEMBROKE PINES FL</b>	34. CITY, ST, ZIP	<b>1245 N.W. 136 TRAVE. SUNRISE / FL 33323</b>
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		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		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 110.07(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 or on an attachment with an address.

SIGNATURE: Michael W. Slaton MICHAEL W. SLATON 6-9-95 (305)770-0772  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Telephone Number)