FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Jan 21 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (8)M66263 WILDLIFE ART DISTRIBUTORS, INC. Principal Place of Business Mailing Address 11940 US HIGHWAY ONE 11940 US HIGHWAY ONE SUITE 145 NORTH PALM BEACH FL 33408 MORTH PALM BEACH FL 33408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/28/1988 2. Principal Place of WILDLIFE & NATURE Address 4. FEI Number Applied For 21 65-0029601 Not Applicable FINE ART Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 940 Eucalyptus 2Rd. 22 Fee Required City & State North Palm Beach, FL 33408te \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MATHISON, STEPHEN S 5606 PGA BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 211 PALM BEACH GARDENS FL 33418 83 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TOTLE 1.1 TITLE WILDLIFE & NATURE Change ORNSTEIN, DORANNE K. NAME 1.2 NAME **FINE ART** 9799 DAISY AVE. STREET ADDRESS 1.3 STREET ADDRESS 940 Eucalyptus Rd. PALM BOIL GARDENS.FL CITY - ST - ZIP 1.4 CITY-ST-ZIP North Palm Beach, FL 33408 L Change TITLE DELETE 2.1 TITLE ___ Addition ORNSTEIN, JEFFREY A. NAME 2.2 NAME **WILDLIFE & NATURE** 9700 DAISY AVE. STREET ADDRESS 2.3 STREET ADDRESS PALM BCH GARDENS FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP FINE ART ☐ DELETE Change Addition TITLE 940 Eucalyptus Rd. 3.1 TITLE NAME 3.2 NAME North Palm Beach, FL 33408 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 41 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE TITLE 5.7 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ___ Addition

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14. 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 exemption are the receiver or treetice 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 the receiver of 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 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 exemption 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 exemption 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 exemption indicated on this annual report of the exemption 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 exemption indicated on this annual report of the exemption indicated on this annual report of the exemption indicated on this annual report of the exemption indicated on the exemption indicated on this annual report of the exemption indicated on this annua

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

PRE REQUIRED

1/9/96

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