**PROFIT** CORPORATION ANNUAL REPORT

**IGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State
•/ 07 12 1000 00006 032 ***550 00

Corporatio	MEN   # M66263	31					
WILDLI	FE ART DISTRIBUTORS, INC	) 			_		
							i
rincipal Plac	e of Business	Mailing Address			-{		
•	NATURE FINE ART	WILDLIFE & NATURE FINE	ART				
40 EUCALÝPTUS RD 940 EUCALÝPTUS RD KORTH-PÁLM BEACH FL 33408 NORTH DALM BEACH FL 33			00400			S SPACE	
NORTH TALM	BEACH FL 33408	NORTH BALM BEACH FL	33406		3. Date Incorporated or Qualified	JOINGE	$\neg$
~		7			01/28/1988		
Principal P	Place of Business	2a. Mailing Address	•		4. FEI Number	Applied For	
L	ATT-DI-TUR-	26			65-0029601	Not Applicable	<u>e</u>
Suite, Apt.	VILDLIFE & NATURE FIN 15695 76th TRAIL NOR	EARTSuite, Apt. #, etc.		_	5. Certificate of Status Desired	\$8.75 Additional	
City & PA	LM BEACH GARDENS, FI	Do 4 City & State			6. Election Campaign Financing	\$5.00 May Be	$\dashv$
City & Ota	DEFICIT GARDENS, FI	28			Trust Fund Contribution	Added to Fees	ļ
Zip	Country	Zip	Cour	itry USA	8. This corporation owes the current year		7
	25 054	WILDLIFE & NAT	EPRE F	INE ART	Intangible Personal Property.	Yes No	
	9. Name and Address of Current	Register 5699 76th TR	ATT. NIC	)RTH	10. Name and Address of New Registered	Agent	_
МА	thison, stephen s	PALM BEACH GAR	DENS	HL 33418			
5606 PGA BLVD.					ress (P.O. Box Number is Not Acceptable)		
SUITE 211				83			-
PALM BEACH GARDENS FL 33418			[				_
				84 City	FI	85 Zip Code	
1. Pursuan	t to the provisions of sections 607.0502	and 607,1508, Florida Statutes	s, the abo	ve-named corpo	pration submits this statement for the purpose of cion's board of directors. I hereby accept the appo	hanging its registered	7
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a tions of, section 607,0505, Flo	uthorized rida Statu	by the corporati	ion's board of directors. I hereby accept the appo	intment as registered	
IGNATURE							
	Signature, typed or printed name of registered agent			ed Agant signature rec	DATE ADDITION ADDITIONS AD	M DIDECTORS IN 12	⊣ ଛ
<u>:.</u>	OFFICERS AND		13. 1.1 TIT	F .	15695 76th TRAIL NORT	H Change Addition	
ME	DPT ORNSTEIN, DORANNE K.	L DELETE	1.2 NAI		PALM BEACH GARDENS, FL	. 13418	_ \ \
REET ADDRESS				EET ADDRESS	PALM BEACH GARDENS, I'D	55110	0
TY-ST-ZIP	NORTH-PALM-BCH-FL 33408	1 340 EUCHEII 100		Y-ST-ZIP		•	\( \text{\tin}\text{\tex{\tex
LE	DVS	DELETE	2.1 TIT			Change Addition	
ME	ORNSTEIN, JEFFREY A.	_	2.2 NA	ME	JEFF & DORRIE ORNSTEI	N	
REET ADDRESS	WILDLIFE&NATURE FINE ART	940-EUGALYTPUS RD"	2.3 STF	EET ADDRESS	15695 76th TRAIL NORTH	Ħ	
Y-ST-ZíP	NORTH-PALM BCH FL 33468			Y-ST-ZIP	PALM BEACH GARDENS, FL		_
ſE		DELETE	3.1 TIT			Change Addition	n
ME	;		3.2 NA				
REET ADDRESS				EET ADDRESS			
Y-ST-ZIP LE		DELETE	4.1 TIT	Y-ST-ZIP		Change Addition	<u></u>
ME		DELETE	4.2 NA				" [
REET ADDRESS			4.3 STF	EET ADDRESS			
Y-ST-ZIP			4.4 CIT	Y-ST-ZIP	·		
LE		DELETE	5.1 TIT	LE		Change Addition	n }
ME			5.2 NA	ME			
REET ADDRESS				REET ADDRESS			
Y-ST-ZIP				Y-ST-ZIP			$\dashv$
LE	E REST CHELLER ET 39.40	☐ DELETE	6.1 TIT			Change Addition	n
ME			6.2 NAI	VIE.			

6.4 CITY-ST-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 by on an attachment with an address.