

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

DOCUMENT # M66263
Corporation Name
WILDLIFE ART DISTRIBUTORS, INC.

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90006 038 ***550.00



Principal Place of Business
WILDLIFE & NATURE FINE ART
940 EUCALYPTUS RD
NORTH PALM BEACH FL 33408

Mailing Address
WILDLIFE & NATURE FINE ART
940 EUCALYPTUS RD
NORTH PALM BEACH FL 33408
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address
WILDLIFE & NATURE FINE ART 15695 76th TRAIL NORTH PALM BEACH GARDENS, FL 33418	WILDLIFE & NATURE FINE ART 940 EUCALYPTUS RD NORTH PALM BEACH FL 33408 US
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
25	USA

3. Date Incorporated or Qualified	Applied For
01/28/1988	Not Applicable
4. FEI Number	8. This corporation owes the current year Intangible Personal Property.
65-0029601	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired	9. Name and Address of Current Registered Agent
<input type="checkbox"/> \$8.75 Additional Fee Required	MATHISON, STEPHEN S 5606 PGA BLVD. SUITE 211 PALM BEACH GARDENS FL 33418
6. Election Campaign Financing Trust Fund Contribution	10. Name and Address of New Registered Agent
<input type="checkbox"/> \$5.00 May Be Added to Fees	

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1. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

2. OFFICERS AND DIRECTORS		13. ADDITIONAL DIRECTORS IN 12	
1.1 TITLE	1.2 NAME	1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1.1 TITLE	1.2 NAME	1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1.1 TITLE	1.2 NAME	1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1.1 TITLE	1.2 NAME	1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1.1 TITLE	1.2 NAME	1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1.1 TITLE	1.2 NAME	1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 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, or on an attachment with an address.

SIGNATURE: _____ DATE: 7/5/99

0071995

CR2E034 (5/99)