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FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005758 (5)**

1. Corporation Name

**FLORIDA FINE ART MUSEUM CORPORATION**

Principal Place of Business

**1015 S FLORIDA AVE  
TARPON SPRINGS FL 34689**

Mailing Address

**1015 S FLORIDA AVE  
TARPON SPRINGS FL 34689-2947**

3. Date Incorporated or Qualified  
**11/07/1996**

3a. Date of Last Report  
**None**

2. Principal Place of Business

21

2a. Mailing Address

26

**P.O. Box # 69**

4. FEI Number

**59-3434479**

Applied For  
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State

23

City & State

28

**Tarpon Springs FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

24

25

Zip

29

**34688-0069 USA.**

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SYMS, HARCOURT  
1015 S FLORIDA AVE  
TARPON SPRINGS FL 34689**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

**Harcourt SYMS President**

(NOTE: Registered Agent signature required when reinstating)

**April 29, 1997**

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **SYMS, HARCOURT**  
STREET ADDRESS **1015 S FLORIDA AVE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **V** ☐ DELETE  
NAME **SYMS, FIONA C**  
STREET ADDRESS **1015 S FLORIDA AVE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **S** ☐ DELETE  
NAME **CORONA, FRANK A**  
STREET ADDRESS **1015 S FLORIDA AVE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **T** ☐ DELETE  
NAME **GASBARRO, LOUIS D**  
STREET ADDRESS **1015 S FLORIDA AVE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **AT** ☐ DELETE  
NAME **SYMS, S. NICOLE**  
STREET ADDRESS **1015 S FLORIDA AVE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Harcourt Syms*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 29, 97** (813)  
Daytime Phone # **934-3932**

CR2E037 (9/96)