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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 P O BOX 69 TARPON SPRINGS FL 34688-069 US
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3. Date Incorporated or Qualified 11/07/1996
4. FEI Number 59-3434479
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 PO BOX # 69
22 City & State	27
23 Zip	28 Tarpon Springs FL.
24 Country	29 34688-0069
	30 USA.

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
SYMS, HARCOURT 1015 S FLORIDA AVE TARPON SPRINGS FL 34689	

10. Name and Address of New Registered Agent	
81 Name	SYMS, Harcourt
82 Street Address (P.O. Box Number is Not Acceptable)	1707 Winners Circle
83 City	Tarpon Springs, FL.
84 State	FL
85 Zip Code	34689

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DP SYMS, HARCOURT
STREET ADDRESS	1015 S FLORIDA AVE
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	<input type="checkbox"/> DELETE
NAME	V SYMS, FIONA C
STREET ADDRESS	1015 S FLORIDA AVE
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S CORONA, FRANK A
STREET ADDRESS	1015 S FLORIDA AVE
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T GASBARRO, LOUIS D
STREET ADDRESS	1015 S FLORIDA AVE
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	<input type="checkbox"/> DELETE
NAME	AT SYMS, S. NICOLE
STREET ADDRESS	1015 S FLORIDA AVE
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DP SYMS, HARCOURT
1.3 STREET ADDRESS	1707 Winners Circle
1.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D-VP-SEC SYMS, FIONA C.
2.3 STREET ADDRESS	1015 S. Florida Ave
2.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D-T SYMS, S. NICOLE
3.3 STREET ADDRESS	1707 Winners Circle
3.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 **Sandra B. Northam** **813**
834-3932

CR2E037 (10/97)