2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2004 8:00 am DOCUMENT # P01000042698 **Secretary of State** 1. Entity Name 02-27-2004 90015 020 ***150.00 FRAME & ART DEPOT, INC. Principal Place of Business 803 E. PALMETTO PARK ROAD BOCA RATON FL 33432 803 E. PALMETTO PARK ROAD **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-1097202 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent PAYNE, IAN Street Address (P.O. Box Number is Not Acceptable) 803 E. PALMETTO PARK ROAD **BOCA RATON FL 33432** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition NAME PAYNE, MIRIAM NAME STREET ADDRESS 803 E. PALMETTO PARK ROAD STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete TITLE NAME PAYNE, IAN T NAME STREET ADDRESS 803 E. PALMETTO PARK ROAD STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change NAME PAYNE, BOBBIE A -STREET ADDRESS 803 E. PALMETTO PARK ROAD STREET ADDRESS 33432 CITY-ST-ZIF **BOCA RATON FL 33432** CITY-ST-ZIP TITLE Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP

SIGNATURE

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

FILED