FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33064 (7)

1. Corporation Name
FINE ARTS EXPRESS, INC.

Principal Place of Business	Mailing Address
251 HEATH ST. BOSTON MA 02130	251 HEATH ST. BOSTON MA 02130

3. Date Incorporated or Qualified: 03/05/1991
3a. Date of Last Report: 04/03/1995
4. FEI Number: 04-2610480 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

SPRAGVE, RICHARD
6249 ALL AMERICAN BLVD
ORLANDO FL 32810

10. **Name and Address of New Registered Agent**

81 Name: RICHARD SPRAGUE
82 Street Address (P.O. Box Number is Not Acceptable): 6249 ALL AMERICAN BLVD
83
84 City: ORLANDO FL 85 Zip Code: 32810

11. 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BOYD, JOHN H.	
STREET ADDRESS	4 SUNSET AVE.	
CITY-ST-ZIP	HULL MA	
TITLE	VD	☒ DELETE
NAME	RAGUS, AMY	
STREET ADDRESS	207 KENDALL ST.	
CITY-ST-ZIP	WALPOLE MA	
TITLE	SD	☐ DELETE
NAME	GARRITT, GREGORY G.	
STREET ADDRESS	94 UNION ST.	
CITY-ST-ZIP	NORFOLD MA	
TITLE	TD	☐ DELETE
NAME	BAILEY, JOHN M.	
STREET ADDRESS	41 CLAYBROOK RD.	
CITY-ST-ZIP	DOVER MA	
TITLE	D	☐ DELETE
NAME	BOYD, LEW F.	
STREET ADDRESS	210 MIDDLE RD.	
CITY-ST-ZIP	NEWBURY MA	
TITLE	D	☐ DELETE
NAME	ANDERSON, GRENVILLE	
STREET ADDRESS	490 CHESTNUT ST.	
CITY-ST-ZIP	WABAN MA	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John Boyd JOHN BOYD 3/11/96 (617) 566-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)