## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

P9300001700 (2) **DOCUMENT #** 

WORTH AVENUE FINE ARTS, INC.

460 WORTH	AVE
PALM BEACI	H FL 33480

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## **FILED** Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 460 WORTH AVE PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/08/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0404451 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the cyrrent year Intangible 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HERTZ, CLIFFORD I 400 AUSTRALIAN AVE. SOUTH, STE. 500 Street Address (P.O. Box Number is Not Acceptable) 62 WEST PALM BEACH FL 33401 83 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition Myers, Stephen e NAME 1.2 NAME STREET ADDRESS 460 WORTH AVE. 1.3 STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRES 6.4 CITY-ST-21 CiTY-ST-7IP I hereby certify that the information supplied with this filing do indicated on this annual report or supplemental annual report s not qualify for the exemption is true and accurate and that

oligh stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in my signature shall have the same legal effect as if made under oath; that I am an report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or truste Block 12 or Block 13 if changed, or on an attachment with mpowered to execute this