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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000015313 (7)

## FILED Apr 11 1997 8:00am Secretary of State

CLAIRE OLIVER FINE ARTS, INC.  Principal Place of Business  47 W. OSCEOLA STREET STUART FL 34994  Mailing Address  47 W. OSCEOLA STREET STUART FL 34994									
					3. Date Incorporated or Qua		ate of Last F	Report	
					02/21/1994	04	<u>/16/1996</u>		
	Place of Business	2a. Mailing Address			4. FEI Number		<del></del>	oplied For	
Suite, Apt	# 818	Suite, Apt. #, etc			65-0470265			ot Applicable Additional	
22	w, c.o.	27			5. Certificate of Status Desir	ed 🔲		Additional equired	
City & Sta	ile	City & State			6. Election Campaign Finance	cina	<del></del>	May Be	
23		28			Trust Fund Contribution			to Fees	
Zıp	Country	Zip	Cou	ntry	8. This corporation has liabi	lity for Intangible	e tax under s	. 199.032,	
24	25	29	30		Florida Statutes	Yes			
	9. Name and Address of Cur	rent Registered Agent		# T	10. Name and Address of N	ew Registered	Agent		
	IVER, CLAIRE			81 Name					
	W. OSCEOLA STREET		ļ	82 Street A	Address (P.O. Box Number is Not Ac	ceptable)			
STI	JART FL 34994			83					
			ļ	63					
				84 City		FL	85 Zip	Code	
11 Purcuant	t to the provisions of Sections 607 (	0502 and 607 1508 Florida Sta	tutes the el	nove-named	corporation submits this statement for		<del></del>	ts registered	
office or agent. I	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida Such change wi digations of, Section 607,0505,	as authorized Florida Stat	d by the corp utes.	poration's board of directors. I hereby	accept the ap	pointment as	registered	
office or agent. I: SIGNATURE	Signature: typed or printed name of registered	ate of Florida Such change wildigations of Section 607.0505, lagent and title if applicable 1 AND DIRECTORS	as authorized Florida Stat	d by the corp utes.	condition's board of directors. I hereby required when reinstating) ADDITIONS/CHANGES TO	DATE	D DIRECTOR	RS IN 12	
office or agent. I a	Signature: typed or printed name of registered OFFICERS A	ate of Florida Such change will bligations of Section 607.0505, agent and the if applicable	as authorized Florida Stat NOTE: Registered	d by the corputes.  d Agent signature	poration's board of directors. I hereby required when reinstating)	DATE			
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14. Ido 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 proportion by 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 is a figure of the proportion of the proporti

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

56(223(833