

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 7:10:11

DOCUMENT # P94000063586 (9)

1. Corporation Name

FINE ARTS GROUP, INC.

Principal Place of Business

501 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33408

Mailing Address

501 NORTHLAKE BLVD. P.O. Box 185
NORTH PALM BEACH FL 33408
ADDISON, TX 75001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 185

27 Suite, Apt. #, etc.

28 City & State

28 ADDISON TX

29 Zip

29 75001

30 Country

30 U.S.A

4. FEI Number

65-0506938

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

9. Name and Address of Current Registered Agent

BENJAMIN & AARONSON, P.A.
100 N.E. THIRD AVENUE
SUITE 850
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	BECKER, WILLIAM
STREET ADDRESS	13537 VARGON
CITY - ST - ZIP	DALLAS TX 75243
TITLE	VD
NAME	HARSTEIN, GARY
STREET ADDRESS	13537 VARGON
CITY - ST - ZIP	DALLAS TX 75243
TITLE	VD
NAME	RADNITZ, PAUL
STREET ADDRESS	13537 VARGON
CITY - ST - ZIP	DALLAS TX 75243
TITLE	PD
NAME	BENOWITZ, MORDECAI
STREET ADDRESS	283 PELICAN WAY
CITY - ST - ZIP	DELRAY BEACH FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	4159 Billy Mitchell Dr.
1.4 CITY - ST - ZIP	Addison, TX 75244
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	4159 Billy Mitchell Dr.
2.4 CITY - ST - ZIP	Addison, TX 75244
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	4159 Billy Mitchell Dr.
3.4 CITY - ST - ZIP	Addison, TX 75244
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:

Paul Radnitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/95

Date

214 387-1937

Daytime Phone #