

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 # P94000063586 (9)

1. Corporation Name

FINE ARTS GROUP, INC.



Principal Place of Business

501 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33408

Mailing Address

P O BOX 185
ADDISON TX 75001
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

06/20/1995

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BECKER, WILLIAM	
STREET ADDRESS	4159 BILLY MITCHELL DR	
CITY - ST - ZIP	ADDISON TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARSTEIN, GARY	
STREET ADDRESS	4159 BILLY MITCHELL DR	
CITY - ST - ZIP	ADDISON TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RADNITZ, PAUL	
STREET ADDRESS	4159 BILLY MITCHELL DR	
CITY - ST - ZIP	ADDISON TX	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENOWITZ, MORDECAI	
STREET ADDRESS	283 PELICAN WAY	
CITY - ST - ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

600001850596

06/04/96 01133-042

***225.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/96

214 387-1937

Date Daytime Phone #

CR2E034 (12/95)