

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000089245 (2)

1. Corporation Name

HARRIS FINE ART, INC.- P.B.C.



Principal Place of Business

3911 JOG ROAD
LAKE WORTH FL 33467

Mailing Address

5057 NW 95TH DRIVE
CORAL SPRINGS FL 33070

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HARRIS, STACY
5057 NW 95TH DRIVE
CORAL SPRINGS FL 33076

3. Date Incorporated or Qualified

12/08/1994

3a. Date of Last Report

03/17/1995

4. FEI Number

65-0548167

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 of the person filing this report (must be a resident of the State of Florida)

NOTE: Registered Agent signature is required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME HARRIS, STACY

1.2 NAME

STREET ADDRESS 5057 NW 95 DR
CITY, ST, ZIP CORAL SPRINGS FL

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

TITLE ☐ DELETE

2.1 TITLE

NAME HARRIS, JAY

2.2 NAME

STREET ADDRESS 5057 NW 95 DR
CITY, ST, ZIP CORAL SPRINGS FL

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

TITLE ☐ DELETE

3.1 TITLE

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY, ST, ZIP

3.4 CITY, ST, ZIP

TITLE ☐ DELETE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY, ST, ZIP

4.4 CITY, ST, ZIP

TITLE ☐ DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY, ST, ZIP

5.4 CITY, ST, ZIP

TITLE ☐ DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY, ST, ZIP

6.4 CITY, ST, ZIP

14. I am hereby certifying 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 this 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: X

Signature and Typed or Printed Name of Signing Officer or Director
STACY HARRIS

2/2/96

305-969-0055

CR2E034 (12/95)