Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500005484 1. Corporation Name

Suite, Apt. #, etc.

HARARI, DAVID

1336 W MCNAB RD

City & State

22

23

24

A WORLD OF ART, INC.			
Principal Place of Business	Mailing Address		
3485 NW 167 STREET : MIAMI FL 33056	3485 NW 167 STREET MIAMI FL 33056		
Principal Place of Business	2a. Mailing Address		
21 Suite Apt. #. etc.	26 Suite, Apt. #, etc.		

28 Country Country Zip 30 29

9. Name and Address of Current Registered Agent

27

City & State

Name

01/20/1995 4. FEI Number

65-0568607

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90085 030 \*\*\*150.00

**FILED** 

	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualifed

FT L	AUDERDALE FL 33309	83		<del></del>						
		84	Ci	ity	FL 85	Zip Co	de			
11. Pursuant to the provisions of Sections 607,8502 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 Statutes, the above-named 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 Formative printed name of refigiered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTOR	S IN 12			
TITLE	P DELETE	1.1 TITLE				hange	☐ Addition			
NAME .	HARARI, DAVID	1.2 NAME					}			
STREET ADDRESS	1336 W MCNAB RD	1.3 STREE	TADDI	RESS			}			
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-S	T-ZIP							
TITLE	VP □ DELETE	2.1 TITLE				hange	Addition			
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~CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-		,						
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CITY-ST-ZIP		5.4 CITY-S								
TITLE	☐ DELETE	6.1 TITLE			П	hange	☐ Addition			
NAME	·	6.2 NAME			•					
STREET ADDRESS		6.3 STREET A					}			
CITY-ST-ZIP		6.4 CITY-ST-				-4 4b - ! f				
14. I 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 corporation or the peerfor or trustee empowered to execute this proport as required by Chapter 607. Florida Statutes; and that my name appears in										