

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000075808 (2)

1. Corporation Name

FINE ART BY MADELINE MCCONNELL INC.



Principal Place of Business

Mailing Address

3211 NORTH 39TH ST.  
HOLLYWOOD FL 33021

3211 NORTH 39TH ST.  
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

10/02/1995

3a. Date of Last Report

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

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

WOLFE LARRY,  
200 - A JOHN KNOX RD.  
TALLAHASSEE FL 32303-6643

81

Name

BILL F. MCCONNELL

82

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

EMERALD CAPITAL SERVICES  
20801 BISCAYNE BLVD.

83

City

AVENTURA

FL

85

Zip Code

33180

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 principal or officer of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
D  
MCCONNELL, MADELINE  
STREET ADDRESS  
3211 NORTH 39TH ST.  
CITY-ST-ZIP  
HOLLYWOOD FL 33021

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11

TITLE

12

NAME

13

STREET ADDRESS

14

CITY-ST-ZIP

21

TITLE

22

NAME

23

STREET ADDRESS

24

CITY-ST-ZIP

31

TITLE

32

NAME

33

STREET ADDRESS

34

CITY-ST-ZIP

41

TITLE

42

NAME

43

STREET ADDRESS

44

CITY-ST-ZIP

51

TITLE

52

NAME

53

STREET ADDRESS

54

CITY-ST-ZIP

61

TITLE

62

NAME

63

STREET ADDRESS

64

CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MADELINE  
MCCONNELL

6-18-96 (954)  
920-3967

CR2E034 (3/96)