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PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

P95000077930 (2)

DOCUMENT #

1. Corporation Name

ECKEPT FINE ART

12. OFFICERS AND DIFFECTORS 13. Signature, typost or printed name of registered Agent and bit of apolicable 14. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature Signature, typost or printed name of registered agent and bit of apolicable 12. OFFICERS AND DIFFECTORS 13. TITLE NAME STREET ADDRESS DITY-SI-ZIP ADDRESS DITY-SI-ZIP DELETE 1 TITLE NAME STREET ADDRESS CITY-SI-ZIP DELETE 3 STREET ADDRESS CITY-SI-ZIP DELETE 4.1 TITLE NAME 4.2 NAME	3. Date Incorporated or Qualified 3a. Date of Last Report 10/02/1995 Applied For Solid Policy Not Applicable Solid Policy Not Applicable Status Desired Status
Suite, Apt. #, etc. Suite, Apt. #, etc.	4. FEI Number 6. Certificate of Status Desired 7. Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Status Desired 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 10. Name and Address of New Registered Agent
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution S. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. St.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 7. Yes 10. Name and Address of New Registered Agent
City & State Zip	6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 10. Name and Address of New Registered Agent
28 Zip Country 25 29 30 30 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 B1 Name B2 Street 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 B3 City II. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type or printed name of registered agent and the 4 apolicable OFFICERS AND DIFFECTORS 13. OFFICERS AND DIFFECTORS 13. SIREET ADDRESS CITY-ST-ZIP DELETE 1 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 3 1 TITLE NAME SIREET ADDRESS CITY-ST-ZIP DELETE 4 1 TITLE NAME	Trust Fund Contribution 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
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 84 City 1. Pursuant to the provisions of Sections £07.0502 and £07.1508, Florida Statutes, the above-named or or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typod or printed name of registered agent and site if apolicable OFFICERS AND DIFFECTORS 13. STREET ADDRESS DITY-ST-ZIP ILLE AMME STREET ADDRESS DITY-ST-ZIP THE AMME SHEET ADDRESS DITY-ST-ZIP THE AMME AND DELETE 1 TITLE 4.1 TITLE 4.2 NAME 4.2 NAME	Florida Statutes DYYes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 B3 B4 City B1. Name B2 Street B3 B4 City B3 B4 City B3 B4 City B5 City B7 Cit	10. Name and Address of New Registered Agent
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ITLE DELETE 6.1TITLE	Thans Additor
NAME 62 NAME	Change Addition
STREET ADDRESS 63 STREET ADDRESS	Change Addition
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not querify that the information indicated on this annual report or supplemental annual report is true and a	Change Addition

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