

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

FILED

Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P9600014966*
1. Corporation Name
KMD FINE ARTS INC.

Principal Place of Business
5350 TOWN CT RD Ste 113
Boca Raton FL 33486 SAME

3. Date Incorporated or Qualified *2/16/96* 3a. Date of Last Report *N/A*

2. Principal Place of Business	2a. Mailing Address	4. FE Number <i>65-0692428</i>	Applied For ☐	Not Applied For ☐
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No		
24. Country	29. Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUBLIN KENNETH
6919 TOWN HARBOR BLVD
Boca Raton FL 33433

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (12)	
TITLE	<i>DUBLIN Kenneth</i>	11. TITLE	☐ Change ☐ Add
NAME	<i>6919 TOWN HARBOR BLVD</i>	12. NAME	
STREET ADDRESS	<i>Boca Raton FL 33433</i>	13. STREET ADDRESS	
CITY-ST-ZIP		14. CITY-ST-ZIP	
TITLE	☐ DELETE	21. TITLE	☐ Change ☐ Add
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE	☐ DELETE	31. TITLE	☐ Change ☐ Add
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	☐ DELETE	41. TITLE	☐ Change ☐ Add
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	☐ DELETE	51. TITLE	☐ Change ☐ Add
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	☐ DELETE	61. TITLE	☐ Change ☐ Add
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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. I am an officer or director of the 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: *Kenneth M. Dublin* - *Kenneth M. Dublin* 3/12/97