**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # P96000074038

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State

DIVISION OF CORPORATIONS

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90018 043 \*\*\*150.00

INTERNA	ATIONAL FINE ART COLLE	CTIONS, INC.								
Principal Flace	e of Business	Mailing Address				1 1100		liki <b>ve</b> hil <b>e</b> mil	)) 184H 818H 84H	111 <b>0</b> 1 1011 1001
1359 MAIN STR SARASOTA FL	REET	1359 MAIN STREET SARASOTA FL 34236					DO NOT WRI	TE IN TH	IS SPACE	
						3 Date inco	orporated or Qualifed			
						09/06/	'			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Num			Ap	plied For
21		26				65-083	8345		No	: Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.75	dditional
22		27				5. Certificate	e of Status Desired		Fee Re	quired
City & State	е	City & State				6. Election	Campaign Financing		\$5.00	May Be
23		28				Trust Fur	nd Contribution		Added t	) Fees
Zip	Cou itry	Zip	Cou	ntry		8. This corp	oration owes the curr	ent year l	ntangible	_ \
24	25 29		30	· · · · · · · · · · · · · · · · · · ·		Personal Property Tax.			☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name ar	nd Address of New I	Registere	d Agent	
				81	Name					
	WELL & HARRIS PA			82	Street A Idre	ess (P.O. Bo Number is Not Acce		able)		
	NO PALM AVENUE									
SAR	ASOTA FL 34236			83						
				84	City				85 Zip (	ode
					•			F	L	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and a coept the oblig	e of Florida. Such change was lations of, Section 607.0505, f	authorized Florida Statu	i by t utes.	the corporation	ns board of lin	ectors. I hereby acce	рите арр	ointment as re	ç istered
	Signature, typed or printed nome of registered ag			Agent	l signature required		IS/CHANGES TO OF	DATE	AND DIRECTO	12S IN 12
12.		ND DIRECTORS	13.	T) C		יוכיווזטטא	IS/CHANGES TO OF	FICERS.	Change	Addition
TITLE	D CHODIN									
NAME.	NEWMAN, GUDRUN			NAME						]
STREET ADDRESS	1359 MAIN STREET		1.3 STREET ADDR							
CITY-ST-ZIP	SARASOTA FL 34236	DELETE	2.1 TII		-ZIP		<del></del> -		Change	Addition
TITLE		O percir	22 NA							_
NAME					ADDRESS					
STREET ADDRESS			1		1					
CITY-ST-ZIP	DELETE			2 4 CITY-ST-ZIP 3.1 TITLE			<u> </u>	<del></del> -	Change	Addition
TITLE		- OFFEIG	3.2 NA							_
NAME					ADDRESS					
STREET ADDRESS										ľ
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TI	ITY-SI	1-218			-	Change	Addition
			4 2 N						_ •	_
NAME					ADDRESS					
STREET ADDRESS				TY-ST						
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TI		-211				Change	☐ Addition
			5 2 N/						_ •	_
NAME					ADDRESS					
STREET ADDRESS			5,4 CI							
CITY-ST-ZIP		☐ DELETE	6.1 TI		<del></del>				Change	☐ Addition
NICE		<del>-</del>	6,2 NA	AME					_	1

CITY-ST-ZIP 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 ham 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, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

941-361-6623