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PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE: George K



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000001555 (6)

GEORGE K. ARNOLD FINE ART AND ANTIQUES, INC.

Principal Place of Business

Mailing Address

FILED Mar 16 1998 8:00am Secretary of State



9506 SO RED ROAD 9506 SO RED ROAD MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/07/1997 65-0776116 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year personal Property Tax due June 30. Zip Country Zip Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **OESTERLE, DOUGLAS W** 9506 SO RED ROAD Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 **84** City 85 Zip Code 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 Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. DELETE Change **Addition** 1.1 TITLE TITLE President **OESTERLE, DOUGLAS W** 1.2 NAME George K. Arnold 9506 So Red Road NAME 9506 SO RED ROAD 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** Miami, F1 33156 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-2IP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME . STREET, ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C(TY - ST - 7)P CITY-ST-7IP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME , STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 1 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 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 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.

Kidnes Karnes

3/03/98