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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017836 (2)

FINE ARTS DISTRIBUTORS, INC.

**FILED** May 05 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		1 10011991 (10 18111 10011 98111 98111 98111 98111 11911 11911 11911 1111 8111 1881
1104 NW 797H DRIVE 1104 NW 797H DRIVE				
PLANTATION FL \$3322 PLANTATION FL 33322				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				02/13/1997
2. Principal P	lace of Business	2a. Mailing Address	~ ^	4. FEI Number Applied For
21 102-10 66 the RACE 126 102-10 66			6th, Rd.	65-0737632 Not Applicable
Suite, Apt. #, etc. Suite (Apf. #) etc. 22 14F 27 14F				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State City & State			مر به م	6. Election Campaign Financing \$5.00 May Be
23 FOREST HILLS NY, 28 FOREST HIL			LLS N.Y.	Trust Fund Contribution Added to Fees
Zip Country Zip 24 11375 25 115 A 29 11375 3			Country A	8. This corporation owes or has paid the current year Intangible
24 137.	5 25 U.S.A. 9, Name and Address of Cure		30 USA	Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent
TO	U <b>ŠKI</b> NOFF, BENJAMIN	ent negistered Agent	81 Name	
				JEROME ROSEN
1104 NW 79PH DRIVE PLANTATION FL 33322			82 Street—	7880 North University DRIVE
70	411UN FE 33322		83	1880 North University DRIVE
				Suite 201
			84 City	Tamarac, FL. 33321
11 Pursuant	to the provisions of Sections 607.0	1502 and 607 1508. Florida Statute	the above-named co	
office or r	egistered agent, or both, in the Sta	to of Florida. Such change was a	uthorized by the corpora	rporation autimits this statement for the purpose of configuration in second of directors. I hereby accept the appointment as registered
	in familiar with, and accept the op	ligations bit, Section 607.0505, Pio	inda Statites.	14/01/00
SIGNATURE	Signature, typod or protect game of regions of d	agent and the diapphoatol (NOTE	Registered to int someture requ	vired when reinstating) DATE
12.	OF LICETIS A	AND DIRECTORS	18.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	H TITLE	C X 1 1 1 10 Change Addition
NAME	TRUSKINOFF, BENJAMIN		1.2 NAME	TRUSK INDES
STREET ADDRESS	1104 NW 797H DRIVE		1.3 STREET ADDRESS	TRUSK INOFF 102-10 66 Mgd (19714)
CITY-ST-ZIP	PLANTATION PL 33322		1.4 CITY-ST-ZIP	FOREST HILLS N.Y. 1/375
TITLE		( DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		Districts	2. 4 CITY-ST-ZIP	Change D Addition
TITLE		L. DELETE	31 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CFTY-\$T-ZIP		DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE			4.1 TITLE	Li Change Li Adoition
NAME CTREET ADDRESS			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	<u> </u>	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME		Lad Detere	5.2 NAME	Change C Addition
STREET ADDRESS			5.3 STREET ADDRESS	
			5.4 CITY - ST - ZIP	
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	C. Crisingo C. Attotitisti
STREET ADDRESS			1	
PLINECT ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 City - St - ZiP	

Indicated on this annual report or supplied 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.

SIGNATURE:

i truskin all