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

FILED Feb 16 1998 8:00am Secretary of State

1. Corporation	MEN # P9700 S JOEL FINE ARTS, INC.	10069923 (5)			
Principal Place	e of Business	Mailing Address			
3720 \$ DIXIE HWY		3720 S DIXIE HWY			
WEST PALM BEACH FL 33405		WEST PALM BEACH FL 33405		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				08/11/1997	
2. Principal Place of Business		2a. Mailing Address		4, FEI Number Applied For	
21		26		65 - 0 + 80,000 Not Applicate	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired \$8.75 Additional Fee Regulated	
City & State	n	Cily & State	····		
23	Ÿ	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Gountry	Ζφ	Country	8. This corporation owes or has paid the current year Intangible	
24	25		30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent	
	HLOM, DENNIS J		81 Name		
7577 SIERRA DRIVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33433			63		
			183		
			84 City	FL 85 Zip Code	
11 Putsuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	s the above-named cor		
agent Lai SIGNATURE	m familiar with land accept the obli	gations of, Section 607.0505, Flo	rida Statutes.	rporation submits this statement for the purpose of changing its registere ation's board of directors. I hereby accept the appointment as registered	
	Signature, typied or printed hank of negotiered a OLE OF BS: Al	Self-terid title if insplicable (NOTE ND DIRECTORS	Registered Agent signature requ	uired when reinslating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. Titlé	D	DILETE	1.1 TITLE	Change Addition	
NAME	SCHLOM, DENNIS		1,2 NAME		
STREET ADDRESS	7577 SIERRA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CiTY-ST-ZiP		
TITLE		☐ DELETE	2.1 TITLE	Change Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE	Change Addition	
NAME OZDETY ADDOCOG			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition	
NAME			4. 2 NAME		
STREET ADDRESS		·	4.3 STREET ADDRESS		
CITY-SI-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3,STREET ADDRESS		
CITY+ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changest or on an attachment with an addition.

SIGNATURE: