**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000020562
4 Compension Name	I GOOOOCCOOK

	Namo						
FINE AR	T WHOLESALERS, INC.				}		
. 4.25					E LACKLEGA HAR LEIFEN FERRI OCH IN ERRI DERIN	DECEMBERATE	HOLLA COLL TITLE
	,					))))) <b>!!</b> ])	
Principal Place	o of Business	Mailing Address			- t JDE! IDE! IEA JArdı asılı barin davır dalır	iidii gaidi Ahta	Attes gian tatte
,		3101 S.W. 10TH STREET			ł		
3101 S.W. 10TH POMPANO BEA		POMPANO BEACH FL 3306	9				
FUMPANU BEA	OH FE 33009	TORINGO DENGTITE GOOD	•		DO NOT WRITE IN THIS	SPACE	
	•				3. Date Incorporated or Qualifed		
	-				03/02/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		28			65-0822849	No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			5. Certificate of States Desired	Fee Re	quired
City & State		City & State +			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year in		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			81 Na	eme	•		ĺ
	CHR, ILAN		82 St	reet Addre	ss (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
	N. UNIVERSITY DRIVE STE. 304	•					
PLAN	NTATION FL 33322		83				
	•		84 Ci			85 Zip C	inde
				-	FL	. 1 1	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-na	med como	ration submits this statement for the ourpose of	changing its	registered
				11,00 00.PE			
office or n	egistered agent, or both, in the State of	f Florida. Such change was at	uthorized by the	corporation	n's board of directors. I hereby accept the appoi	intment as req	gistered
l .	egistered agent, or both, in the State of m familiar with, and accept the obligation.	f Florida. Such change was at ons of, Section 607.0505, Flor	uthorized by the rida Statutes.	corporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the appoint the purpose of the property of the purpose of the pur	intment as req	gistered
office of r agent. I a SIGNATURE	•		ithorized by the ida Statutes. Registered Agent sign			intment as req	gistered
SIGNATURE	egistered agent, or both, in the State of from familiar with, and accept the obligation.  Signature, typed or printed name of registered agent.  OFFICERS AND	and tipe if applicable. (NOTE:				ND DIRECTO	RS IN 12
l .	Signature, typed or printed name of registered agent	and tipe if applicable. (NOTE:	Registered Agent sign		when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PTD	and tipe if applicable. (NOTE)	Registered Agent sign		when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or privated name of registered agent OFFICERS AND PTD SHACHR, ILAN	and title if applicable. (NOTE:  D DIRECTORS  DELETE	Registered Agent sign. 13. 1.1 TITLE	ature required	when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or private name of registered agent of PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI	and title if applicable. (NOTE:  D DIRECTORS  DELETE	Registered Agent sign 13. 1.1 TITLE 12 NAME 1.3 STREET ADDI	ature required	when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or private name of registered agent of PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STIPLANTATION FL 33322	and title if applicable. (NOTE:  D DIRECTORS  DELETE	Pagistered Agent sign 13. 1.1 TITLE 12 NAME	ature required	when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE  12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD	and the if applicable. (NOTE) DIRECTORS DELETE E. 304	Registered Agent sign. 13. 1.1 TITLE 12 NAME 13 STREET ADDI 14 CITY-ST-ZP 2.1 TITLE	ature required	when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE  12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD GOLDBERG, RANDOLPH	DIRECTORS  DELETE  E. 304	Registered Agent sign. 13. 1.1 TITLE 12 NAME 13 STREET ADDI 14 CITY-ST-ZP 2.1 TITLE 22 NAME	eture required	when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE  12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD GOLDBERG, RANDOLPH 1868 N. UNIVERSITY DR., SUITE	DIRECTORS  DELETE  E. 304	Registered Agent sign. 13. 1.1 TITLE 12 NAME 13 STREET ADDI 14 CITY-ST-ZP 2.1 TITLE 22 NAME 23 STREET ADDI 23 STREET ADDI	RESS	when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE  12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD GOLDBERG, RANDOLPH 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322	DIRECTORS  DELETE  E. 304  DELETE  DELETE	Registered Agent sign 13. 1.1 TITLE 12 NAME 13 STREET ADDI 14 CITY-ST-ZP 2.1 TITLE 22 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZP	RESS	when reinstating) DATE	ND DIRECTO Change	RS IN 12
SIGNATURE  12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	OFFICERS AND PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD GOLDBERG, RANDOLPH 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322 D	DIRECTORS  DELETE  E. 304	Registered Agent sign. 13. 1.1 TITLE 12 NAME 13 STREET ADDI 14 CITY-ST-ZP 2.1 TITLE 22 NAME 23 STREET ADDI 2.4 CITY-ST-ZP 3.1 TITLE	RESS	when reinstating) DATE	ND DIRECTO	RS IN 12  Addition  Addition
SIGNATURE  12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD GOLDBERG, RANDOLPH 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322  O STIER, SHARI	E. 304  DELETE  DELETE  DELETE	Registered Agent sign  13. 1.1 TITLE 12 NAME 13 STREET ADDI 14 CITY-ST-ZP 2.1 TITLE 22 NAME 23 STREET ADDI 2.4 CITY-ST-ZP 3.1 TITLE 32 NAME	enure required	when reinstating) DATE	ND DIRECTO Change	RS IN 12  Addition  Addition
SIGNATURE  12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD GOLDBERG, RANDOLPH 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322 D STIER, SHARI 1868 N. UNIVERSITY DR., SUITE	E. 304  DELETE  DELETE  DELETE	Registered Agent sign.  13. 1.1 TITLE 12 NAME 13 STREET ADDI 14 CITY-ST-ZP 2.1 TITLE 22 NAME 23 STREET ADDI 2.4 CITY-ST-ZP 3.1 TITLE 32 NAME 33 STREET ADDI 34 STREET ADDI 35 STREET ADDI 36 STREET ADDI 37 STREET ADDI 38 STREET ADDI 38 STREET ADDI 39 STREET ADDI 31 STREET ADDI 32 STREET ADDI 33 STREET ADDI 34 STREET ADDI 35 STREET ADDI 35 STREET ADDI 36 STREET ADDI 37 STREET ADDI	enure required RESS	when reinstating) DATE	ND DIRECTO Change	RS IN 12  Addition  Addition
SIGNATURE  12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	OFFICERS AND PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD GOLDBERG, RANDOLPH 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322  O STIER, SHARI	E. 304  DELETE  DELETE  DELETE  DELETE  E. 304	13. 1.1 TITLE 12 NAME 13 STREET ADDI 14 CITY-ST-ZP 2.1 TITLE 22 NAME 23 STREET ADDI 2.4 CITY-ST-ZP 3.1 TITLE 32 NAME 33 STREET ADDI 34. CITY-ST-ZP	enure required RESS	when reinstating) DATE	ND DIRECTO Change	RS IN 12  Addition  Addition
SIGNATURE  12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD GOLDBERG, RANDOLPH 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322 D STIER, SHARI 1868 N. UNIVERSITY DR., SUITE	E. 304  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 13 STREET ADDI 14 CITY-ST-ZP 2.1 TITLE 22 NAME 23 STREET ADDI 2.4 CITY-ST-ZP 3.1 TITLE 32 NAME 33 STREET ADDI 34. CITY-ST-ZP 4.1 TITLE	enure required RESS	when reinstating) DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD GOLDBERG, RANDOLPH 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322 D STIER, SHARI 1868 N. UNIVERSITY DR., SUITE	E. 304  DELETE  DELETE  DELETE  DELETE  E. 304	Registered Agent sign.  1.1 TITLE  1.2 NAME  1.3 STREET ADOI  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADOI  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADOI  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME	enure required	when reinstating) DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD GOLDBERG, RANDOLPH 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322 D STIER, SHARI 1868 N. UNIVERSITY DR., SUITE	E. 304  DELETE  DELETE  DELETE  DELETE  E. 304	Registered Agent sign.  1.7 TITLE  1.2 NAME  1.3 STREET ADOL  1.4 CITY-ST-ZP  2.1 TITLE  2.2 NAME  2.3 STREET ADOL  2.4 CITY-ST-ZP  3.1 TITLE  3.2 NAME  3.3 STREET ADOL  3.4 CITY-ST-ZP  4.1 TITLE  4.2 NAME  4.3 STREET ADOL  4.4 STREET ADOL  4.3 STREET ADOL  4.4 STREET ADOL  4.3 STREET ADOL  4.4 STREET ADOL  4.4 STREET ADOL  4.5	enure required	when reinstating) DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD GOLDBERG, RANDOLPH 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322 D STIER, SHARI 1868 N. UNIVERSITY DR., SUITE	E. 304  DELETE  304  DELETE  304  DELETE  304	Registered Agent sign.  13. 1.1 TITLE 12 NAME 13 STREET ADOI 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADOI 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADOI 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADOI 4.4 CITY-ST-ZIP	enure required	when reinstating) DATE	DDIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD GOLDBERG, RANDOLPH 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322 D STIER, SHARI 1868 N. UNIVERSITY DR., SUITE	E. 304  DELETE  DELETE  DELETE  DELETE  E. 304	Registered Agent sign.  13.  1.1 TITLE  12 NAME  13 STREET ADOI  14 CITY-ST-ZIP  2.1 TITLE  22 NAME  23 STREET ADOI  2.4 CITY-ST-ZIP  3.1 TITLE  32 NAME  3.3 STREET ADOI  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADOI  4.4 CITY-ST-ZIP  5.1 TITLE	enure required RESS	when reinstating) DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD GOLDBERG, RANDOLPH 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322 D STIER, SHARI 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322	E. 304  DELETE  304  DELETE  304  DELETE  304	Registered Agent sign.  13.  1.1 TITLE  12 NAME  13 STREET ADOI  14 CITY-ST-ZIP  2.1 TITLE  22 NAME  23 STREET ADOI  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADOI  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADOI  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME	enure required RESS RESS	when reinstating) DATE	DDIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFICERS AND PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD GOLDBERG, RANDOLPH 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322 D STIER, SHARI 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322	E. 304  DELETE  304  DELETE  304  DELETE  304	Registered Agent sign.  13.  1.1 TITLE  12 NAME  13 STREET ADOI  14 CITY-ST-ZIP  2.1 TITLE  22 NAME  23 STREET ADOI  2.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADOI  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADOI  5.4 STREET ADOI  5.5 STREET ADOI  5.5 STREET ADOI  1.5 TITLE  5.5 STREET ADOI  1.5 TITLE  5.5 STREET ADOI  5.5 STREET A	enure required RESS RESS	when reinstating) DATE	DDIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND OFFICERS AND PTD SHACHR, ILAN 1868 N. UNIVERSITY DRIVE STI PLANTATION FL 33322 VSD GOLDBERG, RANDOLPH 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322 D STIER, SHARI 1868 N. UNIVERSITY DR., SUITE PLANTATION FL 33322	E. 304  DELETE  304  DELETE  304  DELETE  304	Registered Agent sign.  13.  1.1 TITLE  12 NAME  13 STREET ADOI  14 CITY-ST-ZIP  2.1 TITLE  22 NAME  23 STREET ADOI  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADOI  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADOI  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME	enure required RESS RESS	when reinstating) DATE	DDIRECTO Change Change Change	RS IN 12 Addition Addition Addition

14. heraby 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

.----

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP



FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90124 041 \*\*\*150.00