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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S78343

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HARRIS FINE ARTS, INC.

Principal Place of Business Mailing Address 2900 W SAMPLE ROAD 2900 W SAMPLE ROAD POMPANO BEACH, FL 33073 POMPANO BEACH, FL 33073-3024 3. Date Incorporated or Qualified 3a. Date of Last Report 09/05/1991 02/09/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 65-0280386 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **1 rust Fund Contribution** Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 ☐ No 25 29 30 Florida Statutes Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HARRIS, STACY 5057 NW 95TJH DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33076** 83 84 City Zip Code 11. 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 1010 Change Addition NAME 1.2 NAME HARRIS, STACY STREET ADDRESS **5057 NW 95TH DRIVE** 1.3 STREET ADDRESS CORAL SPRINGS FL 33076 CITY-ST-ZIP 1.4 CITY-ST-ZIP OELE TE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME BIRA, NEIL STREET ADORESS 11586 LAKE VIEW DRIVE 2.3 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 2. 4 CITY - ST - ZIP OELE1E TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CHY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.9 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE TITLE Change Addition 5 1 THLE NAME 5.2 NAME **STREET ADDRESS** 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 61 TO LE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. I do 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.

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FILED

May 05 1997 8:00am

Secretary of State