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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$97780

ART & FRAME OF PALM BEACH, INC.

Mailing Address Principal Place of Business 1300 FLORIDA MANGO RD 1300 FLORIDA MANGO RD WEST PALM BEACH FL 33409-5259 WEST PALM BEACH FL 33409 3. Date Incorporated or Qualified 3a. Date of Last Report 12/04/1991 03/14/1996 2. Principal Place of Business 21 1883 Church 2**a.** Mailing Address 26 (883 4. FEI Number Applied For Church ST 65-0301026 26 Not Applicable 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State PB City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country ^{෭෦ඁ}ጛ፞፞፞፞፞፞ጟ፞ዿዺዾ*ዻ* This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name BIAS, ALAN 1300 FLORIDA MANGO RD 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33409 83 84 City 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, type-dipriphited name of regulated agent and fille if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE 1.1 TITLE Change Addition TITLE BIAS, ALAN 1.2 NAME NAME 1300 FLORIDA MANGO RD 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition Change 3.1 DTLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Addition Change 4 1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition 5.1 TITLE Change THLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13. changed, or on an atta nent with an address.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 27 1997 8:00am

Secretary of State

96/6 CR2E034