

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000097262 (6)**

1. Corporation Name

**PAMELA BERNSTEIN ARTWORK CORPORATION**



Principal Place of Business

**340 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480**

Mailing Address

**340 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

**12/19/1995**

3a. Date of Last Report

4. FET Number

**applied for**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**SHELTON, JOHN W  
340 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 of principal place of business agent and title of agent

Signature of Registered Agent and title of agent

Date

12. OFFICERS AND DIRECTORS

| TITLE  | NAME                | STREET ADDRESS            | CITY - ST - ZIP      | <input type="checkbox"/> DELETE |
|--------|---------------------|---------------------------|----------------------|---------------------------------|
| P/T/D  | Sylvia B. Fatzer    | 340 Royal Poinciana Plaza | Palm Beach, FL 33480 | <input type="checkbox"/>        |
| VP/S/D | Elizabeth L. Dennis | 340 Royal Poinciana Plaza | Palm Beach, FL 33480 | <input type="checkbox"/>        |
|        |                     |                           |                      | <input type="checkbox"/>        |
|        |                     |                           |                      | <input type="checkbox"/>        |
|        |                     |                           |                      | <input type="checkbox"/>        |
|        |                     |                           |                      | <input type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|----------|---------|-------------------|--------------------|---|
|          |         |                   |                    | <input type="checkbox"/>  |
|          |         |                   |                    | <input type="checkbox"/>  |
|          |         |                   |                    | <input type="checkbox"/>  |
|          |         |                   |                    | <input type="checkbox"/>  |
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|          |         |                   |                    | <input type="checkbox"/>  |
|          |         |                   |                    | <input type="checkbox"/>  |

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\*\*\*450.00 225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE: *Sylvia B. Fatzer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/15/96*  
Date: *(504) 286-6556*  
District Phone #

CR2E034 (12/95)