

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 8:35

DOCUMENT # 300545 (1)

1. Corporation Name
HOKIN GALLERY, INC.

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|--|---|
| Principal Place of Business 245 WORTH AVENUE - PALM BEACH FL 33480 HOKIN GALLERY 1253 OLD OKEECHOBEE ROAD, A-9 W. PALM BEACH, FL 33401 | Mailing Address 245 WORTH AVENUE PALM BEACH, FL 33480 HOKIN GALLERY 1253 OLD OKEECHOBEE ROAD, A-9 W. PALM BEACH, FL 33401 |
|--|---|

DO NOT WRITE IN THIS SPACE.

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| 3. Date Incorporated or Qualified 01/06/1966 | 3a. Date of Last Report 02/01/1994 |
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|---|---|---|-------------------------------|
| 2. Principal Place of Business 21. 1253 Old Okeechobee Rd. A-9 Suite, Apt. #, etc. | 2a. Mailing Address 26. 1253 Old Okeechobee Rd A-9 Suite, Apt. #, etc. | 4. FEI Number 59-1155759 | Applied For Not Applicable |
| 22. A-9 City & State | 27. A-9 City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. W. Palm Beach, FL Zip Country | 28. West Palm Beach, FL Zip Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. 33401 | 25. Palm Beach | 29. 33401 | 30. Palm Beach |

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|--|---|-------------|
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | 10. Name and Address of New Registered Agent | |
| | 81 Name | |
| | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | 83 | |
| | 84 City | 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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when recording)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD V.P./TREASURER MORRIS, JANIS H 399 FULLERTON PARKWAY CHICAGO, IL 60614 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | V.P./Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chicago, IL 60614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD HOKIN, GRACE E 150 N. OCEAN BLVD. PALM BEACH, FL 33480 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | 150 N. Ocean Blvd. 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD V.P./SECRETARY KAUFMAN, LORAIN H 442 WEST WELLINGTON CHICAGO, IL 60657 | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | V.P./ Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 442 West Wellington Chicago, IL 60657 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 111.07(3)(b), 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 such officer appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Grace E. Hokin
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR

1/17/95
467-852-4555
Date Signature/Phone #