

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **300545** (1)

1. Corporation Name
HOKIN GALLERY, INC.



Principal Place of Business: **1253 OLD OKEECHOBEE RD. A-9 WEST PALM BEACH FL 33401 US**

Mailing Address: **1253 OLD OKEECHOBEE RD A-9 WEST PALM BEACH FL 33401 US**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State. **23** Zip. **24** Country. **25**

2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State. **28** Zip. **29** Country. **30**

3. Date Incorporate/Qualified: **01/06/1966** 3a. Date of Last Report: **02/08/1995**

4. FEI Number: **59-1155759** 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
**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 **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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

DELETE
TITLE: **VPT**
NAME: **MORRIS, JANIS H**
STREET ADDRESS: **399 FULLERTON PARKWAY**
CITY, ST, ZIP: **CHICAGO, IL 00000 60614**

DELETE
TITLE: **PD**
NAME: **HOKIN, GRACE E**
STREET ADDRESS: **150 N OCEAN BLVD.**
CITY, ST, ZIP: **PALM BEACH, FL 00000 33480**

DELETE
TITLE: **VPS**
NAME: **KAUFMAN, LORAIN H**
STREET ADDRESS: **442 WEST WELLINGTON**
CITY, ST, ZIP: **CHICAGO, IL 00000 60657**

DELETE
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

DELETE
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE: _____
12 NAME: _____
13 STREET ADDRESS: _____
14 CITY, ST, ZIP: _____

Change Addition

21 TITLE: _____
22 NAME: _____
23 STREET ADDRESS: _____
24 CITY, ST, ZIP: _____

Change Addition

31 TITLE: _____
32 NAME: _____
33 STREET ADDRESS: _____
34 CITY, ST, ZIP: _____

Change Addition

41 TITLE: _____
42 NAME: _____
43 STREET ADDRESS: _____
44 CITY, ST, ZIP: _____

Change Addition

51 TITLE: _____
52 NAME: _____
53 STREET ADDRESS: _____
54 CITY, ST, ZIP: _____

Change Addition

61 TITLE: _____
62 NAME: _____
63 STREET ADDRESS: _____
64 CITY, ST, ZIP: _____

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: *Grace E. Hokin* **Grace E. Hokin, President** 1/31/96 (407) 655-5177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day, Month, Year

CR2E034 (12/95)