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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702292 (4)
 1. Corporation Name
THE NORTON GALLERY AND SCHOOL OF ART, INC.



Principal Place of Business 1451 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401	Mailing Address 1451 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401-7162
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/17/1961	3a. Date of Last Report 04/23/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0624432	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SNYDER, R. BRANT
1451 S. OLIVE AVE.
WEST PALM BEACH FL 33401

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD <input type="checkbox"/> DELETE
NAME	DUNSTON, PETER
STREET ADDRESS	269 QUEENS LANE
CITY-ST-ZIP	PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SNYDER, R. BRANT
STREET ADDRESS	1451 SOUTH OLIVE AVE
CITY-ST-ZIP	W PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BARBATELLI, ETTORE
STREET ADDRESS	520 MIDDLE ROAD
CITY-ST-ZIP	GULF STREAM FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	SEGEL, FLOYD A
STREET ADDRESS	231 BRADLEY PLACE
CITY-ST-ZIP	PALM BEACH FL
TITLE	DM <input type="checkbox"/> DELETE
NAME	ORR-CAHALL, CHRISTINA
STREET ADDRESS	1451 SOUTH OLIVE AV
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	EWING, NANCY P.
STREET ADDRESS	11174 TURTLE BEACH RD, #207 C
CITY-ST-ZIP	N PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christina Orr-Cahall* **April 30, 1997 (561) 832-5196**

32E037 (9/96)