


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 20, 1999 8:00 am
Secretary of State

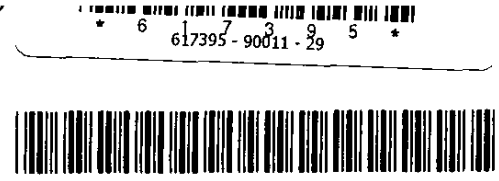
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702292

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/17/1961
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0624432
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	30 Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SNYDER, R. BRANT 1451 S. OLIVE AVE. WEST PALM BEACH FL 33401		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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD DUNSTON, PETER 269 QUEENS LANE PALM BEACH FL	1.1 TITLE	TD Cater, William K 505 South Flagler Drive Suite 900 West Palm Beach FL 33401
NAME	<i>MARK WAT</i>	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SNYDER, R. BRANT 1451 SOUTH OLIVE AVE W PALM BEACH FL	2.1 TITLE	D McGraw, John L 1601 North Ocean Blvd Gulf Stream FL 33483
NAME	<i>OK</i>	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DP BENJAMIN, WILLIAM E 1300 LANDS END ROAD MANALOPAN FL 33462	3.1 TITLE	
NAME	<i>OK</i>	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SEGEL, FLOYD A 231 BRADLEY PLACE PALM BEACH FL	4.1 TITLE	
NAME	<i>OK</i>	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DM ORR-CAHALL, CHRISTINA 1451 SOUTH OLIVE AV WEST PALM BEACH FL	5.1 TITLE	
NAME	<i>OK</i>	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD JAMES, KEITH A 1655 PALM BEACH LAKES BLVD WEST PALM BCH FL 33401	6.1 TITLE	
NAME	<i>OK</i>	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** **9/13/99** **561 832 5196**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0005779
CR2E037 (5/99)