

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 # **814362** (0)

1. Corporation Name

FINDLAY, WALLY GALLERIES, (FLORIDA), INC.



Principal Place of Business

**WALLY FINDLAY GALLERIES
165 WORTH AVENUE
PALM BEACH FL 33480
US**

Mailing Address

**WALLY FINDLAY GALLERIES
165 WORTH AVENUE
PALM BEACH FL 33480
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/23/1960

3a. Date of Last Report

05/01/1995

4. FEI Number

59-0903602

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

PD FINDLAY, WALSTEIN C. 814 N. MICHIGAN AVE. CHICAGO IL ☐ DELETE

VD KAROFF, SIMONE 814 N. MICHIGAN AVE. CHICAGO IL ☐ DELETE

SD SQUIRES, VERNON . 814 N. MICHIGAN AVE. CHICAGO IL ☐ DELETE

TD RYAN, ROBERT W. 814 N. MICHIGAN AVE. CHICAGO IL ☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP, S, T, D ☒ Change ☐ Addition
1.2 NAME Gerald W. Peterson
1.3 STREET ADDRESS 814 N. Michigan Avenue
1.4 CITY- ST- ZIP Chicago, IL 60611

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Manuel Arcos
2.3 STREET ADDRESS 14 E. 60th Street
2.4 CITY- ST- ZIP New York, N.Y. 10022

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME James Cooper
3.3 STREET ADDRESS 165 Worth Avenue
3.4 CITY- ST- ZIP Palm Beach, FL. 33480

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME Robert W. Ryan
4.3 STREET ADDRESS 814 N. Michigan Avenue
4.4 CITY- ST- ZIP Chicago, IL. 60611

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Ervin Stromer
5.3 STREET ADDRESS 814 N. Michigan Avenue
5.4 CITY- ST- ZIP Chicago, IL 60611

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

312/649-1500

Date

Daytime Phone #

CR2E034 (12/95)