

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 # 846247 (5)

1. Corporation Name
S.R. GALLERY, INC.



Principal Place of Business: **ROUTE 1 FRANKLIN CENTER PA 19091**
Mailing Address: **ROUTE 1 % TAX DEPT FRANKLIN CENTER PA 19091 US**

3. Date Incorporated or Qualified: **06/16/1980**
3a. Date of Last Report: **06/01/1995**
4. FEI Number: **23-2096809**
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

2. Principal Place of Business: **21** Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25** **26** Mailing Address: **26** Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

9. Name and Address of Current Registered Agent

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
85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	RESNICK, STEWART
STREET ADDRESS	9481 SUNSET BLVD.
CITY-ST-ZIP	BEVERLY HILLS CA
TITLE	<input type="checkbox"/> DELETE
NAME	RESNICK, LYNDA
STREET ADDRESS	9481 SUNSET BLVD.
CITY-ST-ZIP	BEVERLY HILLS CA
TITLE	<input type="checkbox"/> DELETE
NAME	VS KRADJEL, RICHARD J.
STREET ADDRESS	217 SHAWNEE ROAD
CITY-ST-ZIP	ARDMORE PA
TITLE	<input type="checkbox"/> DELETE
NAME	VS LUCKER, HOWARD P
STREET ADDRESS	205 STANDISH LANE
CITY-ST-ZIP	MERION PA
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P FLEMING, DONALD
STREET ADDRESS	1129 ROCK CREEK ROAD
CITY-ST-ZIP	GLADWYNE PA 19035
TITLE	<input type="checkbox"/> DELETE
NAME	V MORTON, JOHN
STREET ADDRESS	101 MOUGINS CIRCLE
CITY-ST-ZIP	KENNETT SQUARE PA 19348

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 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]* **4/12/96** (610) 459-7214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)