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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N32631 (6)

1. Corporation Name
621 GALLERY, INC.



Principal Place of Business: 621 INDUSTRIAL DRIVE, P.O. BOX 782, TALLAHASSEE FL 32310 US
Mailing Address: % NAN BOYNTON, P.O. BOX 782, TALLAHASSEE FL 32302-0782

3. Date Incorporated or Qualified: 06/01/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 621 Industrial Dr.
22 Suite, Apt. #, etc.

2a. Mailing Address: 26
27 Suite, Apt. #, etc.

4. FEI Number: 59-2978170
Applied For: Not Applicable

23 City & State: Tallahassee Fl.

28 City & State

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24 Zip: 32310
25 Country: Leon

29 Zip: 30 Country

6. Election Campaign Financing: \$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

10. Name and Address of New Registered Agent

BOYNTON, NAN
587 INDUSTRIAL DR
TALLAHASSEE FL 32310

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MARK MESSERSMITH	
STREET ADDRESS	1318 BROOME ST	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DICK BJORNSETH	
STREET ADDRESS	1733 BURGUNDY BLVD	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LINDA HIRSCH	
STREET ADDRESS	810 MADERIA CIRCLE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LYNNE LEHMAN	
STREET ADDRESS	7114 ANGLEWOOD LN	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RUTH WHARTON	
STREET ADDRESS	621 INDUSTRIAL DR	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINDA HIRSCH	
1.3 STREET ADDRESS	810 MADERIA CIRCLE	
1.4 CITY - ST - ZIP	TALLAHASSEE, FL. 32312	
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	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARK MESSERSMITH	
3.3 STREET ADDRESS	1318 BROOME ST.	
3.4 CITY - ST - ZIP	TALLAHASSEE, FL 32301	
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: Linda G. Hirsch 1-16-97 904-385-1929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000017

CR2E037 (9/96)