FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400085022 (9)

MEREDITH GALLERY LTD., INC.

Principal Place of Business		Mailing Address			(INDIINDI IIN INSER DIBIL ANILI NOILI PRII		11 8 1901 80 11 8 11 8	FO 13\$1 1001	
225 WELLS RD PALM BEACH FL 33480		P O BOX 1058 PALM BEACH FL 33480-1058							
						3. Date Incorporated or Qualified 11/15/1994		Date of Last F /13/1996	Report
······	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
Suite, Apt	H oto	26				65-0536373			lot Applicable
22		Suite, Apt. #, etc. 27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Sta		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Z _{(P}	Coun	try		This corporation has liability for it Florida Statutes		e tax under a	3. 199.032,
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	platered	Agent	
DU	NKEL, GARY M		8	31	Name				
	I S AUSTRALIAN AVE TH FLOOR		E	32	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		·
	ST PALM BEACH FL 33401		8	33					
			8	34	City		FL	85 Zip	Code
11. Pursuant office or agent 1 a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	D2 and 607.1508, Florida Stati of Florida. Such change was ations of, Section 607.0505, I	utes, the abo s authorized Florida Statul	by by tes.	-named corpo the corporation	oration submits this statement for the poon's board of directors. I hereby accept		of changing i pointment as	ts registered registered
SIGNATURE.									
12.	Signature, typed or printed name of registered age	ent and little if applicable (NO ID DIRECTORS	OTE: Registered A	\gen	nt signature requires	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATÉ	D DIDEOTO:	20 11 40
TITLE	D	DELETE	11 1111	 F		ADDITIONS/CHANGES TO OFFIC	ERS ANI	Change	Addition
NAME	LIPPMAN, JUDITH S	_	1.2 NAM					012.1g0	
STREET ADDRESS	225 WELLS RD				ADDRESS				
C-TY-ST-ZIP	PALM BEACH FL 33480		1.4 City			·			
TITLE	D	DELETE	2.1 1111				· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	LIPPMAN, ELI M		2.2 NAM	E				•	_
STREET ADDRESS	225 WELLS RD		2.3 STRE	ET A	VODRESS .	·			
CITY-ST-ZIP	PALM BEACH FL 33480		2. 4 CITY	/-\$T	r-21P		7		
TITLE	D	DELETE	3.1 TITLE	E				☐ Change	Addition
NAME	HOFFMAN, MEREDITH		3.2 NAM	E			. i.g.		
STREET ADDRESS	6805 PAXTON RD		3.3 STRE	ET A	NDDRESS				
CITY-ST-ZIP	ROCKVILLE MD 28052		3.4. CITY	(-ST	[- ZI P				
TITLE		☐ DELETE	4.1 TITLE	Ē				Change	Addition
NAME			4. 2 NAM	ΑE					
STREET ADDRESS			4.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP			4.4 CITY		-ZIP				
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAM						
STREET ADDRESS			5.3 STRE						
CHY-SI-ZIP	,	I ntitte	5.4 CITY		- ZIP				F 1 1 1 000
TITLE		DELETE	6.1 TITLE					Change	Addition
NAME CTOSS LOSSICO			62 NAM						
STREET ADDRESS			6.3 STRE	ET A					

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



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Destino Phone I

FILED

Feb 21 1997 8:00am

Secretary of State