

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 FEB -8 AM 8:35

DOCUMENT # 300545 (1)

1. Corporation Name  
**HOKIN GALLERY, INC.**

Principal Place of Business	Mailing Address
245 WORTH AVENUE PALM BEACH FL 33480 HOKIN GALLERY 1253 OLD OKEECHOBEE ROAD, A-9 W. PALM BEACH, FL 33401	245 WORTH AVENUE PALM BEACH FL 33480 HOKIN GALLERY 1253 OLD OKEECHOBEE ROAD, A-9 W. PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/06/1966</b>	3a. Date of Last Report <b>02/01/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1253 Old Okeechobee Rd. A-9 Suite, Apt. #, etc.	26 1253 Old Okeechobee Rd A-9 Suite, Apt. #, etc.	59-1155759	Not Applicable
22 A-9 City & State	27 A-9 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 W. Palm Beach, FL Zip Country	28 West Palm Beach, FL Zip Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 33401	25 Palm Beach	29 33401	30 Palm Beach

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	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 fee if applicable.

(NOTE: Registered Agent signature required when recording)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD V.P./TREASURER	1.1 TITLE	V.P./Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JANIS H	1.2 NAME	
STREET ADDRESS	399 FULLERTON PARKWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO, IL 60614	1.4 CITY - ST - ZIP	Chicago, IL 60614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	2.1 TITLE	
NAME	HOKIN, GRACE E	2.2 NAME	
STREET ADDRESS	150 N. OCEAN BLVD.	2.3 STREET ADDRESS	150 N. Ocean Blvd.
CITY - ST - ZIP	PALM BEACH, FL 33480	2.4 CITY - ST - ZIP	33480
TITLE	VD V.P./SECRETARY	3.1 TITLE	V.P./ Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, LORAIN H	3.2 NAME	
STREET ADDRESS	442 WEST WELLINGTON	3.3 STREET ADDRESS	442 West Wellington
CITY - ST - ZIP	CHICAGO, IL 60657	3.4 CITY - ST - ZIP	Chicago, IL 60657 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 111.07(3)(b), 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 such officer appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Grace E. Hokin*  
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR

1/17/95 467-852-4555  
Date Telephone