

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 # 345119 (2)

1. Corporation Name

THE HARTMAN GALLERIES OF PALM BEACH, INC.



Principal Place of Business

Mailing Address

C/O SIDNEY C. SHAPIRO, CPA
2328 S. CONGRESS AVE., 2E
WEST PALM BEACH FL 33406

C/O SIDNEY C. SHAPIRO, CPA
2328 S. CONGRESS AVE., 2E
WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified

04/24/1969

3a. Date of Last Report

03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O SIDNEY C. SHAPIRO, CPA
Suite, Apt. #, etc.

26 C/O SIDNEY C. SHAPIRO, CPA
Suite, Apt. #, etc.

4. FEI Number

59-1237893

Applied For

Not Applicable

22 1412 INDIAN ROAD
City & State

27 1412 INDIAN ROAD
City & State

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

23 WEST PALM BEACH, FL
Zip

28 WEST PALM BEACH, FL
Zip

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 33406
Country

25 U.S.A.

29 33406
Country

30 U.S.A.

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

SHAPIRO, SIDNEY C., CPA
2328 S. CONGRESS AVENUE
SUITE 2E
WEST PALM BEACH FL 33406

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1412 INDIAN ROAD

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33406

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

Alan S Hartman

1/20/96

Signature typed or printed name of registered agent and date in parentheses

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
HARTMAN, ALAN S
71 EAST 71ST ST
NEW YORK NY

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☒ Addition
10021-4257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
HARTMAN, SIMONE H
71 EAST 71ST ST
NEW YORK NY

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☒ Addition
10021-4257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Alan Hartman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 212-207-3810

Date

Daytime Phone #

CR2E034 (12/95)