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 # 646445

(7)

Corporation Name	440 (7)
PHILLIPS GALLERIES OF FL	ORIDA, INC.
rincipal Place of Business	Mailing Address
18 WORTH AVE.	318 WORTH AVE.

APPROVED

1997 MAY 12 PM 12: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Display Charact During												
Principal Place of Business Mailing Address												
318 WORTH AVE. PALM BEACH FL 33480 318 WORTH AVE. PALM BEACH FL 33480-4817					17							
								3. Date Incorporated or Qualified 11/28/1979	1	ate of Last R /24/1996	eport	
2, Principal Pl	lace of Business		2a. Mai	ling Address				4. FEI Number		Ar	plied For	
21			26					59-1938209			ot Applicable	<u>, </u>
Suite, Apt	-105		27	e, Apt. #, etc.	·			5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
, Z _i p	Cou	intry	Zip Country				•	8. This corporation has tiability for intangible tax under s. 199.032.				
24	25		29 30						□ No		_	
		dress of Current R	egistered	J Agent		1		10. Name and Address of New Fi	gistered	Agent		4
	INSON, TERRY					81	Name	·				
8121A NORTHBORO CT. W. Palm Beach Fl 33406						82	Street Ad	dress (P.O. Box Number is Not Accepta	ble)			1
••••						63						
						84	City		FL	85 Zip (Code	
office or n	to the provisions of S egistered agent, or I or familiar with, and	both in the State of	Florida S	uch channa was :	authoriza	d be	r the corpor	orporation submits this statement for the ation's board of directors. I hereby acceptance	nurnose n	of changing it pointment as	s registered registered	
SIGNATURE					6 6 100			julred when reinstaling)				
12.	Signature, typed or printed	OFFICERS AND D			13.	ed Age	eni signature rec	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	S IN 12	10
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STREET AUDRESS					6.3	STREET	ADDRESS			/\	NMI,,	
City - St - ZiP							ST-ZiP				OL,	-

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 arm an officer or direction of the congoration entitle receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 in that made or in an attachment with an address.

SIGNATURE:

PRINTED NAME OF BIGNING