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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000005972

1. Corporation Name

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90156 032 ***150.00

MARLBOROUGH GALLERY INC.						
Principal Place of Business Mailing Address						FBFH E BFB F FF 1881
40 WEST 57TH ST. 40 WEST 57TH ST. NEW YORK NY 10019 NEW YORK NY 10019						
			DO NOT WRIT	TE IN THIS	SPACE	<u> </u>
			3. Date ncorporated or Qualifed			
			10/27/1998			
2. Principal Place of Business 2a. Mailing Address			4. FEI Number			Applied For
21 26			13-1983523		fo.	Not Applicable
Suite, /vpt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional e Required
22			C. Flactive Compaign Financing			.00 May Be
<u>├</u>			6. Election Campaign Financing Trust Fund Contribution			ded to Fees
28 28	Country		8. This corporation owes the curre	ent vear In		200 13 1 000
	30		Personal Property Tax.	on your m	Yes	No
9. Name and Address of Current Registered Agent	~		10. Name and Address of New R	egister ad	Agent	
	81	Name		,,	-	
NRAI SERVICES, INC.	82	Ctup at A de	dress (P.O. Box Number is Not Acceptal	hla)		
5.26 EAST PARK AVE.	02	Street Aut	dress (F.O. Box (40)) beins (40) Accepta-	DIC)		
TALLAHASSEE FL 32301	83					
	24				[ne]	Zip Code
	84	City		FL	85	Zip Code
11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was auti	thorized by ti	named cor he corporat	rporation submits this statement for the patients board of directors. I hereby accept	purpose o t the appo	f changir intment	ig its registered as registered
office or registered agent, or both, in the State of Florida. Such change was auti agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid SIGNATURE.	thorized by ti da Statutes.	ne corporat	poration submits this statement for the jation's board of directors. I hereby acception when reinstating	purpose o t the appo	f changir intment	ng its registered
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14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0; (3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual people 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 pusper 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, with all other like empowered.

SIGNATURE: X

SIGNAT JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR