

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G48644** (0)

1. Corporation Name

RALEIGH GALLERY, INC.

Principal Place of Business

Mailing Address

% RALDON E. REIZEN
1855 GRIFFIN RD. 4TH FLOOR
DANIA FL 33004

% RALDON E. REIZEN
1855 GRIFFIN RD. 4TH FLOOR
DANIA FL 33004

APPROVED
AND
FILED

96 NOV 12 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **9600**

2. Principal Place of Business		2a. Mailing Address	
21	212 SOUTH FEDERAL HWY	26	212 SOUTH FEDERAL HWY
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	BOCA RATON, FL	28	BOCA RATON, FL
Zip	Country	Zip	Country
24	33432	29	33432
25	USA	30	USA

3. Date Incorporated or Qualified	3a. Date of Last Report
07/14/1993	05/01/1995
4. FEI Number	Applied For
59-2314004	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

REIZEN, RALDON E.
1855 GRIFFIN ROAD #B482
DANIA FL 33004

10. Name and Address of New Registered Agent	
81 Name	REIZEN, RALDON E.
82 Street Address (P.O. Box Number is Not Acceptable)	212 SOUTH FEDERAL HIGHWAY
83	
84 City	BOCA RATON FL
85 Zip Code	33432

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

Raldon E. Reizen

RALDON E. REIZEN, AGENT

11/7/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	ST <input type="checkbox"/> DELETE
NAME	REIZEN, RALDON E
STREET ADDRESS	1200 97TH STREET
CITY-ST-ZIP	BAY HARBOR FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	REIZEN, RALDON E.
STREET ADDRESS	1200 97TH STREET
CITY-ST-ZIP	BAY HARBOR FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Raldon E. Reizen

RALDON E. REIZEN

10/31/96

447-7787

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)