

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G62359** (6)

1. Corporation Name

GREENE GALLERY, INC.



Principal Place of Business

Mailing Address

**1541 BRICKELL AVE.
SUITE 1503
MIAMI FL 33129
US**

**1541 BRICKELL AVE.
SUITE 1503
MIAMI FL 33129
US**

3. Date Incorporated or Qualified
09/08/1983

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **1012 N. Ocean Blvd.**

26 **1012 N. Ocean Blvd.**

4. FEI Number

59-2319605

Applied For
Not Applicable

22 **1105**

27 **1105**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23 **Pompano Beach, Fl.**

28 **Pompano Beach, Fl.**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24 **33062** **USA**

29 **33062** **USA**

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

**GREENE, BARBARA
1541 BRICKELL AVE
APT 1503
MIAMI FL 33129**

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

Barbara Greene, Pres. Greene Gallery Inc. Feb 8, 1996

Signature type for periodic renewal of registered agent and the initial date.

(Note: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME **DP**
STREET ADDRESS **GREENE, BARBARA**
CITY-ST-ZIP **1541 BRICKELL AVE #1503**
MIAMI FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Greene, Barbara
1012 N. Ocean Blvd, # 1105
Pompano Beach, Fl. 33062

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TITLE ☐ DELETE

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:

BARBARA GREENE *Barbara Greene, Pres. Feb 8, 1996 305-942-3079*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)