

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 # **G63154**

(0)

1. Corporation Name

**HABATAT GALLERIES, INC.**



Principal Place of Business

**608 BANYAN TRAIL  
BOCA RATON FL 33431**

Mailing Address

**608 BANYAN TRAIL  
BOCA RATON FL 33431**

3. Date Incorporated or Qualified  
**09/30/1983**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business

**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

4. FEI Number  
**59-2326343**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BOONE, LINDA  
22508 SWORDFISH DR  
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

**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

Signature typed or printed in name of registered agent in this jurisdiction

Signature typed or printed in name of new registered agent in this jurisdiction

DATE

12. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | VD                  | <input type="checkbox"/> DELETE |
| NAME           | HAMPSON, FERDINAND  |                                 |
| STREET ADDRESS | 25421 SCOTIA        |                                 |
| CITY- ST- ZIP  | HUNTINGTON WOODS MI |                                 |
| TITLE          | PDS                 | <input type="checkbox"/> DELETE |
| NAME           | BOONE, LINDA        |                                 |
| STREET ADDRESS | 22508 SWORDFISH DR. |                                 |
| CITY- ST- ZIP  | BOCA RATON 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.

|                   |  |
|-------------------|--|
| 1.1 TITLE         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |  |
| 13 STREET ADDRESS | HAMPSON, FERDINAND   |
| 14 CITY- ST- ZIP  | 3072 BLOOMFIELD PARK DR<br>WEST BLOOMFIELD, MI 48323                         |
| 2.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |  |
| 23 STREET ADDRESS |  |
| 24 CITY- ST- ZIP  |  |
| 3.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |  |
| 33 STREET ADDRESS |  |
| 34 CITY- ST- ZIP  |  |
| 4.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY- ST- ZIP  |  |
| 5.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |  |
| 53 STREET ADDRESS |  |
| 54 CITY- ST- ZIP  |  |
| 6.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |  |
| 63 STREET ADDRESS |  |
| 64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96 (407) 241-4544  
Date Signature Phone

CR2E034 (12/95)