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 # **J46544** **(9)**

1. Corporation Name
THE JOAN WEISS GALLERY, INC.

Principal Place of Business
17 FILLMORE DR.
SARASOTA FL 34236-1425

Mailing Address
17 FILLMORE DR.
SARASOTA FL 34236-1425

3. Date Incorporated or Qualified: 12/08/1986
3a. Date of Last Report: 04/21/1995
4. FEI Number: 59-2741290 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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**

~~WEISS, JOAN S~~
~~723 S BLVD OF PRESIDENTS~~
~~SARASOTA FL 34236~~

10. **Name and Address of New Registered Agent**

81 Name: JOHN KRENA JR
82 Street Address (P.O. Box Number is Not Acceptable)
83 17 FILLMORE DR
84 City: SARASOTA FL 85 Zip Code: 34236

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] Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) DATE 4-30-96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEISS, JOAN S. 723 S BLVD OF PRESIDENTS SARASOTA FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WEISS, JOHN J. 723 S BLVD OF PRESIDENTS SARASOTA FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD JOHN KRENA 219 CHURCH LANE PITTSBURGH, PA 15238	☐ Change ☒ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	300001830253 -05/20/96--01063--015 ***200.00	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	5-1-96	

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: X [signature] JOHN KRENA — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR X 4-12-96 (Date) X (941) 388-2510 (Daytime Phone #)

CR2E034 (12/95) 0353409 CP