FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L04570

(2)

JAFFE BAKER GALLERY, INC.

Principal Place % ELAINE S. B. 608 BANYAN TI BOCA RATON I	aker Rail	% ELAINE S. BAKER 608 BANYAN TRAIL				3 18219:1 217 4817 8191 8111 1821 911 9197 4197 4197 9197 9197				
DOOR HATOIT	, 2 00101					3. Date Incorporated or Qualified 07/25/1989		le of Last Re 13/1996	eport	
2. Principal Pla	ace of Business	2a. Mailing Address 26	├ ¬ ~			4. FEI Number 65-0144025	<u> </u>	Ap	plied For t Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	Additional	
City & State)	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip 24	Country Z ₁ p Cou			ry 	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No					
	9. Name and Address of Cu	rrent Registered Agent	8	-T-	Name	10. Name and Address of New Re	glatered A	gent		
	ER, ELAINE S.		Ľ					·		
	BANYAN TRAIL A RATON FL 33431		8:	3 8	Street Addre	ss (P.O. Box Number is Not Acceptab	le)			
500	K IMION IL 00401		8:	3						
			8	4 6	3i			Toe 7 7 0	Code	
			1		City	•	FL			
office or re	egistered agent, or both, in the S	.0502 and 607.1508, Florida Statu State of Florida. Such change was abligations of, Section 607.0505, F	authorized t	oy th	amed corpo ne corporatio	oration submits this statement for the pon's board of directors. I hereby acceptions	urpose of t the appo	changing it ointment as	s registered registered	
SIGNATURE .										
 	Signature, typed or printed name of registere	nd agrent and title if applicable. (NO SAND DIRECTORS	TE Registered A	gent s	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECTOR	S IN 12	
12.	T	DELETE	1.1 TITLE			ADDITIONS/GITAINGES TO GITTE	טוט אוט	Change	Addition	
NAME	JAFFE, ANN		1.2 NAMI	E						
STREET ADORESS	5700 NORTH BAY RD.		1.3 STRE	et adi	ORESS					
CITY-ST-ZIP	MIAMI BCH. FL		1.4 CITY	1.4 CITY-ST-ZIP						
TITLE	P DELETE 2:		2.1 TITLE	2.1 TITLE				Change	Addition	
NAME			2.2 NAMI	2.2 NAME						
STREET ADORESS	7233 PROMENADE DR.		2.3 STRE	2.3 STREET ADDRESS						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			2. 4 CITY - ST - ZIP				—	1 4 4 00	
TITLE		☐ DEL e te	3.1 TITLE					Change	Addition	
NAME			3.2 NAMI							
STREET ADDRESS			3.3 STRE							
CITY-ST-ZIP		DELETE	3.4. CITY 4.1 TETLE		ZIP	100000000000000000000000000000000000000	-	Change	Addition	
TITLE NAME		End DEECTE	4.1 RILE					orango		
			4.3 STRE		nocce					
STREET ADORESS			4.3 SINC							
CITY-ST-ZIF TITLE		☐ DELETE	5.1 TITLE		ESP*			Change	Addition	
NAME			5.2 NAM					•		
STREET ADORESS			5.3 STRE		IDRESS					
CITY- \$1-21P			5 4 CITY		i i					
TITLE		DELETE	61 TITLE					Change	Addition	
NAME			62 NAM							
STREET ADDRESS			63 STRE		DAESS					
CITY - ST - 7IP			6.4 City		4					

SIGNATURE:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

Mar 11 1997 8:00am

Secretary of State