

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

4-20-95

8-3946
APPROVED
AND
FILED

95 APR 20 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000007976 (3)

1. Corporation Name

C & B GALLERIES, INC.

Principal Place of Business

9347 WEST ATLANTIC BLVD.
CORAL SPRINGS FL 33071

Mailing Address

9347 WEST ATLANTIC BLVD.
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/25/1992	02/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0371435	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		☐	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		29		☐	
Country		Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
25		30		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

PARRY, WALTER W
9347 WEST ATLANTIC BLVD.
CORAL SPRINGS FL 33071

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PARRY, WALTER W	1.2 NAME	
STREET ADDRESS	6200 N.W. 42ND COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL 33067	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PARRY, CHRISTINE	2.2 NAME	
STREET ADDRESS	6200 N.W. 42ND COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL 33067	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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 an appointment with an address.

SIGNATURE:

Walter W Parry

Walter W Parry

4/15/95 305/255-2485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER