FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081555 (2)

1. Corporation Name

TATE GALLERY, INC.

Principal Place of Business	Mailing Address
50 S.E. KINDRED STREET SUITE 107 STUART FL 34994	50 S.E. KINDRED STREET SUITE 107 STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 Marika Beach Gallery	26
Suite, Apt. #, etc.: 22 one Flamingo Drive	Suite, Apt. #, etc.: 27
City & State: 23 West Palm Beach FL	City & State: 28
Zip: 24 33401 / Country: 25 USA	Zip: 29 / Country: 30

4. FEI Number: [X] 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

PONSOLDT, WILLIAM R JR.
50 S.E. KINDRED STREET
SUITE 107
STUART FL 34994

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 617.0502, 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 — DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Shannon Jones
STREET ADDRESS	315 Flamingo Drive
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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: Shannon M Jones — Shannon M Jones — April 25 — 407-655-9899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0381015 CP