

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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000030594 (1)

1. Corporation Name
HARBOUR GALLERY, INC.

Principal Place of Business
11380 PROSPERITY FARMS ROAD
SUITE 204
PALM BEACH GARDENS FL 33410

Mailing Address
11380 PROSPERITY FARMS ROAD
SUITE 204
PALM BEACH GARDENS FL 33410-3496



3. Date Incorporated or Qualified
04/01/1996

3a. Date of Last Report

2. Principal Place of Business
21 2401 PGA Boulevard

2a. Mailing Address

26

4. FEI Number
65-0713932

Applied For

Not Applicable

Suite, Apt. #, etc.

22 #158

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 City & State
Palm Beach Gardens FL

City & State

28

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip Country
33410 25 Palm Beach

29 Zip Country
30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEROLA, JAMES R
11380 PROSPERITY FARMS RD.
PALM BEACH GARDENS FL 33410

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 re-issuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME FRANKEL, KENNETH
STREET ADDRESS 256 WORTH AVENUE
CITY-ST-ZIP PALMBEACH FL 33480

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Frankel, Kenneth
1.3 STREET ADDRESS 2401 PGA Boulevard, Suite #158
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97

561/694-0087

Date

Daytime Phone #

CR2E034 (9/96)