

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S75048** (6)

1. Corporation Name

HELEN M.Z. HARWOOD GALLERY, INC.

Principal Place of Business

**304 MULBERRY ST
LOBBY
NEW YORK NY 10012
US**

Mailing Address

**304 MULBERRY ST
LOBBY
NEW YORK NY 10012
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**NEISEN O KASDIN, ESQ
GEIGER, KASDIN, HELLER & KUPERSTEIN, PA
1428 BRICKELL AVENUE, 6TH FLOOR
MIAMI FL 33131**

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 607.1505, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of corporation or authorized officer or director

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	OVERN, HELEN	
STREET ADDRESS	304 MULBERRY ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	☐ DELETE
NAME	OVERN, HELEN	
STREET ADDRESS	304 MULBERRY STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	☒ Change ☐ Addition
12 NAME	HARWOOD, HELEN
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 NAME	☒ Change ☐ Addition
22 NAME	HARWOOD, HELEN
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 NAME	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 NAME	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 NAME	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 NAME	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 118.07(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 change, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Electronically Signed

CR2E034 (12/95)