

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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 10012-2738 US
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3. Date Incorporated or Qualified 08/21/1991	3a. Date of Last Report 03/20/1996
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2. Principal Place of Business 21. 341 Lafayette St. Suite, Apt. # etc. Suite # 963 City & State New York, NY Zip 10012 Country U.S.	2a. Mailing Address 26. 341 Lafayette St. Suite, Apt. # etc. Suite # 963 City & State New York, NY Zip 10012 Country U.S.
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4. FEI Number 65-0286175	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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**

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DPS HARWOOD, HELEN
STREET ADDRESS	304 MULBERRY ST
CITY, ST, ZIP	NEW YORK NY
TITLE	<input type="checkbox"/> DELETE
NAME	HARWOOD, HELEN
STREET ADDRESS	304 MULBERRY STREET
CITY, ST, ZIP	NEW YORK NY
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	DPS HARWOOD, HELEN
13. STREET ADDRESS	180 S. Washington St.
14. CITY-ST-ZIP	Wilkes-Barre PA 18701
2.1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2. NAME	HARWOOD, HELEN
2.3. STREET ADDRESS	180 S. Washington St.
2.4. CITY-ST-ZIP	Wilkes-Barre, PA 18701
3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME	
3.3. STREET ADDRESS	
3.4. CITY-ST-ZIP	
4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY-ST-ZIP	
5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY-ST-ZIP	
6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Helen M.Z. Harwood Date: 3/31/97 Daytime Phone: (212) 726-1656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)