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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **V26129** 

(9)

- . - .

Principal Place of Business

HENRY GARDINER FINE ART, INC.

Mailing Address	
Man ig Addi eda	

2885 EAGLE LANE WEST PALM BEACH FL 33409		2885 EAGLE LANE WEST PALM BEAC	2885 EAGLE LANE West Palm Beach Fl 33409					
					3. Date Incorporated or Qualified 04/03/1992	3a. Date of Last Report 03/09/1995		
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
26					65-0325242		Not Applicable	
		Suite, Apt. #, etc.	I, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip <b>4</b> ]				y	8. This corporation has liability for in Florida Statutes Yes	intangible tax under s 199.032, s XNo		
71	9. Name and Address of Curre			<del></del>	10. Name and Address of New R	legistered /	<b>Agent</b>	
			81	Name				
GARDI	NER, HENRY		82	Street Add	ress (P.O. Box Number is Not Acceptab	nle)		
	EAGLE LANE		164	Street Add	1655 (F.O. DOX 14011DOF IS 1401 ACCOPTAGE	,,,,		
	PALM BEACH FL 33409		83	i				
**LO	1 AEM BEROTT TE GOTOS		-	1 0			7651	Zin Codo
			84	City		FL	85	Zip Code
familiär v SIGNATURE	with, and accept the obligations of, Sa		ites.		ard of directors. I hereby accept the appoint	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC1	ORS IN 12
TILE	T DPT	DELETE	1 1 1111				Change	Addition
NAME	GARDINER, HENRY		1 2 NAME					
STREET ADDRESS	AAA		1 3 STRE	1 ADDRESS				
DITY ST-ZIP	W. PALM BEACH FL		1.4 CITY	ST-ZIP				
Till f	VPS	☐ DELETE	2 1 1/1/1				Change	Addition
NAME	GARDINER, EUNICE		2 2 NAMI					
STREET AUDRESS	2885 EAGLE LANE		2 3 STREET ADDRESS					
CITY - ST - ZIP	W PALM BEACH FL		2 4 CITY	ST - ZIP				
ni (f		DELETE	3 1 1ITL			L	Chang	e
NAME			3 2 NAM	- 1				
STREET ADDRESS	5		3 3. STRE	ET ADDRESS				
CITY - 51 - ZIF			3 4 CITY			· · · · · · · · · · · · · · · · · · ·	Chang	e
11111		☐ DELETE	4 1 TITU			L	"I CHENRY	e 🔲 Addition
NAME			4.2 NAM					
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C11Y - S1 - Z-P		☐ DELETE	4.4 CITY 5 1 TITL			Г	Chang	e 🗍 Addition
T ILF		Checcic	5.2 NAM	Ī				
NAME CLULET ADEXDES	6			ET ADDRESS				
STREET ADDRES	<sup>3</sup>		5 4 CITY					
CITY - ST - ZIP TITLE		DELETE	6 1 TiTL			1	Chang	e 🔲 Addition
NAME			6 2 NAM					
STREET ADDRES	<u> </u>			ET ADDRESS				
CITY SE ZIP			64 CITY					
4.4 Lela hav	shy certify that the information supplied	ed with this filing is voluntarily			for the exemption stated in Section 119	0.07(3)(k), Fk	rida Sta	tutes. I further

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 12 if changed, or on an area achieving with an address.

SIGNATURE:

ATURE AND TYPED OR POWED NAME OF CONING OFFICER OR DIRECTOR

4-11,1996 (40)6917-2867