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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N93000001314 (4)

ISLAND GALLERY WEST, INC.

FILED Jan 28 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address 5348 GULF DR N 5348 GULF DR N										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
HOLMES BEACH		HOLMES BEACH FL 34	217-1773			ĺ				
						3. Date Incorpora 03/18/1	ated or Qualified	3a. Date	of Last R 5/01/19	
2. Principal Pla 21	ace of Business	2a. Mailing Address	,	•		4. FEI Number 65-040	0009			plied For t Applicable
Suite, Apt. 6	#, etc.	Suite, Apt. #, etc.				5. Certificate of S	Status Desired		\$8.75 / Fee Re	Additional equired
City & State		City & State			• • • • • • • • • • • • • • • • • • • •	6. Election Camp	aign Financing		\$5.00	May Be
23 Z _{ID}	Country	28		Country		Trust Fund Co		<u> </u>	Added	
24	25	29	30	Journay		8. This corporate Florida Statute	on has liability for in	ntangible ta:] Yes		. 199.032,
<u> </u>	9. Name and Address of Currer		1301			10. Name and Ad				
				81	Name			-		
MURPHY	/, IRENE OTILLA DR #79		62 Street Add			Address (P.O. Box Number	er is Not Acceptab	le)		<u>.</u>
	BEACH FL 34217			83				1		
110211120				84	City			FL	65 Zip (Code
11 Duramont	a the provision of Costions 617.066	12 and 617 1500 Florida Cta	tutos the	o abayo	nomed	corporation authorite this	ntatamant for the n		nanaina i	n ragistara
office or re	o the provisions of Sections 617.050 egistered agent, or both, in the State	of Florida. Such change wa	is authori	ized by	the corp	oration's board of director	ors. I hereby accep	of the appoir	itment as	registered
agent. I ar	n familiar with, and accept the oblig	jations of, Section 617.0503,	Florida S	Statutes.						
SIGNATURE _	Signature, typed or printed name of registered at	ent and title if applicable. (I	NOTE: Regist	stered Agen	t signature	raquired when reinstating)		DATE		
SIGNATURE _	Signature typed or printed name of registered ap OFFICERS AN	ent and title if applicable. (I ID DIRECTORS		stered Agen	t signature	required when reinstating) ADDITIONS/CH	IANGES TO OFFIC		IRECTOR	IS IN J2
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I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an apacitiest with an address.