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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT # P95000 T STUDIO GALLERY, INC.	067211 (9)			
Principal Flac	e of Business	Mailing Address	······································		
802 NORTH FEDERAL HWY. BOYNTON BEACH FL 33435		802 NORTH FEDERAL HWY. BOYNTON BEACH FL 33435			
				3. Date Incorporated or Qualified 08/30/1995	3a. Date of Last Report 04/19/1996
<del></del>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc		Suite Apt #, etc.		65-0603134	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	}	1000	This corporation has liability for Florida Statutes	Intangible tax under s. 199.032,  Yes  No
	g. Name and Address of Current		1	10. Name and Address of New Re	4
YEE	ND, JOHN MICHAEL		81 Name		<u> </u>
1109 SOUTH CONGRESS AVE. WEST PALM BEACH FL 33406			82 Street A	ddress (P.O. Box Number is Not Acceptat	ole)
} **E	SI FALM DEACTIFE 33400		83		
			84 City		FL 85 Zip Code
11. Pursuant office of ragent La	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 607.1508, Florida Statutes of Florida. Such change was au ions of, Section 607.0505, Flori	the above-named of thorized by the corp da Statutes.	corporation submits this statement for the poration's board of directors. I hereby accept	purpose of changing its registered
SIGNATURE	Signature, typed or printed name of registered agent	and tale if applicants /NOTE	Registered Agent signature	Oculed when reinstation)	DATE
12.	OFFICERS AND		I 13.	ADDITIONS/CHANGES TO OFFIC	
title	D	☐ DELETE	1.1 TITLE	No	Change  Addition
NAME	urs, suzette		1.2 NAME	44	
STREET ADDRESS	802 NORTH FEDERAL HWY.		1.3 STREET ADDRESS		
CITY - \$1 - 7P	BOYNTON BEACH FL 33435		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS	•	
CHY S1-ZIP		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		change radicon
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME:			4. 2 NAME		- "
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY-S1-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	!
STREET ADDRESS			5.3 STREET ADDRESS	4 A	
City-St-ZiP			5.4 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

DELETE

Daytimo Phone #

Change

**FILED** 

Apr 15 1997 8:00am

Secretary of State