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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000043218 1. Corporation Name

GALLERY 96, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90039 048 ***150.00

Principal Place of Business Mailing Address					T HERTICAN I THE SOCIE WASHE WATER WHILL BREIT ORI	AF ERBOO INFIO II DOI	ilbel ifti teni
319 N. SEGRAVE ST. 319 N. SEGRAVE ST.							
DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114							
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					05/21/1996		
· ·	lace of Business	2a. Mailing Address			4. FEI Number	\ 	plied For
21	44	26 Suita Ant Histor			59-3421992	\$8.75 A	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re	
City & Stat	α	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zíp	Counti	у	8. This corporation owes the current year		
24	25	29 30	D		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren				10. Name and Address of New Registere	d Agent	
			8	1 Name			
YEDI	ID, GIL		8	2 Street Ade	dress (P.O. Box Number is Not Acceptable)		
3845	LONG GROVE LANE		8	Z Sileel Auc	diess (F.O. DOX Number is Not Acceptable)		į
POR	T ORANGE FL 32119		8	3			
			L] h= [=: . c	
			8-	4 City	F	L 85 Zip C	20de
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the abo	ve-named cor	poration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was auth	iorized b	y the corporat	tion's board of directors. I hereby accept the app	ointment as req	gistered
-	irri lamiliar with, and accept the orings	Herit de Section do 7.0303, Florida	a Clarate		2-10	- 901	J
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applies bla (NOTE: Re	gistered Ag	ent signature requir	red when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	YEDID, GİL		1.2 NAME				
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL 32119		1.4 CITY-	ST-ZIP			
TITLE	٧	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	KATAN, MOSHE	!	2.2 NAME	<u> </u>			
STREET ADDRESS			2.3 STRE	ET ADDRESS	,		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		2. 4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS		•	3.3 STRE	ET ADDRESS			}
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAM	E			ł
STREET ADDRESS			4.3 STRE	ET ADDRESS			Į
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	ì		☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME		,	6.2 NAME				
STREET ADDRESS	1	,	6.3 STRE	ET ADDRESS			ļ
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:

