Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90098 042 \*\*\*150.00

## 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 # P9700069968

1. Corporation Name GALLERY UNIQUE, INC.									
Principal Place of Business Mailing Address						1	4 10E11001 ISO 18111 18011 80111 80111 00111 00111	OURS INTO IO	(0 0)(0) (0)( (00)
2506 HWY 44 W 78 S LUCILLE ST BEVERLY HILLS FL 34465							DO NOT WRITE IN THIS	SPACE	
US US						3.	Date Incorporated or Qualifed		
							08/13/1997		
2. Principal Pl	Principal Place of Business 2a. Mailing Address					4.	FEI Number	-	Applied For
21		etc. Suite, Apt. #, etc.				<del> </del>	59-3462275		Not Applicable Additional
Suite, Apt. :	uite, Apt. #, etc. Suite, Apt. #, etc.					5.	Certificate of Status Desired		Required
City & State City & State					·	6.	Election Campaign Financing		0 May Be
23		28		•		ļ	Trust Fund Contribution		d to Fees
. Zip				Country			This corporation owes the current year In Personal Property Tax.	tangible Yes	ı⊉Ko
24 25 29 30 30 9. Name and Address of Current Registered Agent					-	10.	Name and Address of New Registered		
,				81	Name				
GARSON, ZELTZER			-	82	Street Addre	ss (P	O. Box Number is Not Acceptable)		
78 S LUCILLE ST BEVERLY HILLS FL 34465						`			
DEVENUE MILLO FE 04400				83					
			Ī	84	City		FL	85 Zip	p Code
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  Signature, types of printed have a registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									ts registered. registered
12.	OFFICERS AND		13.	_			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	
TITLE	PTD	☐ DELETE 1.1 TI						☐ Change	e
NAME )	ZELTZER, GARSON		1.2 NAME						1
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •			1.3 STREET ADDRESS					
CITY-ST-ZIP				1.4 CITY-ST-ZIP 2.1 TITLE				Change	e
TITLE NAME	SVD DELETE 21T ZELTER, JUDY L 22N								·
_STREET ADDRESS	<b>-</b>			239TREET ADDRESS				تتحنيد	
CITY-ST-ZIP			2. 4 CI	IY-S1	T-ZIP				
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NAME			3.2 NA	ME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CI		T-ZIP			☐ Change	e Addition
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STREET ADDRESS					ADORESS		The second of the		
CITY-ST-ZIP	٠		4.4 CIT					*	
TITLE		☐ DELETE	5.1 717					Change	e Addition
NAME			5.2 NA						1
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP		— □ pc: ===	5.4 CIT 6.1 TIT		T-ZIP			Change	e 🗀 Addition
TITLE		☐ DELETE	6.2 NA					Change	, Dynaman
NAME			0.2.101						ľ

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 a attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS