

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90020 013 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000104285**

1. Corporation Name  
**TA DA GALLERY, INC.**



Principal Place of Business 113 FLAGLER AVE. NEW SMYRNA BEACH FL 32169	Mailing Address 113 FLAGLER AVE. NEW SMYRNA BEACH FL 32169
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 12/14/1998	
4. FEI Number 59-3549472	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**RYAN, DONNA L**  
 113 FLAGLER AVE.  
 NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent

81 Name <b>BRADY WANDA H</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>113 Flagler Avenue</b>	
83	
84 City <b>New Smyrna Beach FL</b>	85 Zip Code <b>32169</b>

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 Wanda H. Brady (NOTE: Registered Agent signature required when reinstating) U/A DATE

12. **SEE ATTACHED** OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>BRADY, WANDA H</b>	
STREET ADDRESS <b>50 FAIRGREEN CIRCLE</b>	
CITY-ST-ZIP <b>NEW SMYRNA BEACH FL 32168</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BRADBURY, JOAN E</b>	
STREET ADDRESS <b>436 BOUCHELLE DR., #402</b>	
CITY-ST-ZIP <b>NEW SMYRNA BEACH FL 32169</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>HOVER, BEVERLY D</b>	
STREET ADDRESS <b>1812 N. PENINSULA AVE.</b>	
CITY-ST-ZIP <b>NEW SMYRNA BEACH FL 32168</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>PETERSON, DEBBIE D</b>	
STREET ADDRESS <b>4012 SAXON DR.</b>	
CITY-ST-ZIP <b>NEW SMYRNA BEACH FL 32169</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>RYAN, DONNA L</b>	
STREET ADDRESS <b>6108 S. ATLANTIC AVE.</b>	
CITY-ST-ZIP <b>NEW SMYRNA BEACH FL 32169</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>WHITE, MARILYN O</b>	
STREET ADDRESS <b>1205 COMMODORE DR.</b>	
CITY-ST-ZIP <b>NEW SMYRNA BEACH FL 32169</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>WANDA H. BRADY</b>	
1.3 STREET ADDRESS <b>50 LAKE FAIRGREEN CIRCLE</b>	
1.4 CITY-ST-ZIP <b>New Smyrna Beach FL 32168</b>	
2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Bradbury, Joan E</b>	
2.3 STREET ADDRESS <b>436 Bouchelle Dr #402</b>	
2.4 CITY-ST-ZIP <b>New Smyrna Beach FL 32169</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>SETTER MARY J</b>	
5.3 STREET ADDRESS <b>4365 S. Atlantic Ave.</b>	
5.4 CITY-ST-ZIP <b>New Smyrna Beach FL 32169</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(f), 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: Wanda H. Brady **WIRED** 4-9-99 (904) 428-1770  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

TA DA GALLERY, INC.  
Officers & Directors As of April 1, 1999

475-750-90020-13  
P98 000 104285

Mary J. Setter, President 4365 S. Atlantic Avenue New Smyrna Beach, Fl 32169	427-9146
Beverly D Hover, Vice-President 1812 N. Peninsula Ave. New Smyrna Beach, Fl 32169	424-9862
Marilyn O. White, Secretary 1205 Commodore Drive New Smyrna Beach, Fl 32169	428-6295
Wanda H. Brady, Treasurer 50 Lake Fairgreen Circle New Smyrna Beach, Fl 32168	423-9864
Joan E. Bradbury, Director 435 Bouchelle Drive, #402 New Smyrna Beach, Fl 32169	428-8078
Debbie D. Peterson, Director 4012 Saxon Drive New Smyrna Beach, Fl 32169	428-3179
Mary T. Cwikla, Director 200 N. Cooper Street New Smyrna Beach, Fl 32169	428-1692
Martha K. McLeod, Director 2533 Glen Haven Street New Smyrna Beach, Fl 32168	427-8632
Gillian E. O'Sullivan, Director 1497 N. Atlantic Ave. New Smyrna Beach, Fl 32169	426-0283
Donna L. Ryan, Director 6108 S. Atlantic Avenue New Smyrna Beach, Fl 32169	428-0029