## 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

## P97000020853 DOCUMENT #

1. Corporation Name

BACK FENCE GALLERY, INC. Mailing Address Principal Place of Business **1860 SW 25 STREET** 1860 SW 25 STREET MIAMI FL 33133 DO NOT WRITE IN THIS SPACE MIAMI FL 33133 3. Date Incorporated or Qualifed 03/06/1997 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable NOT APPLICABLE 26 21 \$8.75 Additional Suite, Apt, #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Zio Yes Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) KARAHALIS, LEON 82 1860 SW 25 STREET 83 **MIAMI FL 33133** 85 Zip Code City 84 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 win, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change 12. Addition DELETE 1.1 TITLE TITLE 1.2 NAME KARAHALIS, LEON NAME 1.3 STREET ADDRESS **1860 SW 25 STREET** STREET ADDRESS 1.4 CITY-ST-ZIP MIAMI FL 33133 Addition Change CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition CITY-ST-ZIP □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP Addition CITY-ST-ZIP . Change DELETE 5.1 TITLE TITLE 52 NAME

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 empower of to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter if the property with all other like appearance. Block 12 or Block 13 if changed

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90030 007 \*\*\*150.00

CR2E034 (11/98)

Addition

Change