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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business 29469 NORTHWESTERN HWY.

SOUTHFIELD MI 48034

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 841326

(2)

29469 NORTHWESTERN HWY. SOUTHFIELD MI 48034-1026

Mailing Address

PARK WEST GALLERIES, INC.

20						 Date Incorporated or 08/23/1978 		Date of Last Re /01/1996		
Sate, Apt #, ctc. Suite, Apt #, ctc. City & State City & State City & State Typ	2. Principal Pl	ace of Business	2a. Mailing Addres	2a. Mailing Address						
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City & State City & City City & City City & City City & City & State City & C	Suite, Apt -	#, €tc.					Desired 🗆	S8.75 Additional Fee Required		
Added to Fee Provided Provi		;	City & State			6. Election Campaign Fi	nancing	\$5.00	Мау Ве	
Zip Country Zip So	23		28			Trust Fund Contribution	on 🗆			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Mario 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 86 Zip Code 87 City FL 86 Zip Code 88 City FL 86 Zip Code 89 City FL 86 Zip Code 80 City FL 86 Zip Code 81 City FL 86 Zip Code 81 City FL 86 Zip Code 81 City FL 86 Zip Code 82 City FL 86 Zip Code 83 City FL 86 Zip Code 84 City FL 86 Zip Code 85 City FL 86 Zip Code 86 City FL 86 Zip Code 87 City FL 86 Zip Code 88 City FL 86 Zip Code 89 City FL 86 Zip Code 89 City FL 86 Zip Code 80 City FL 86 Zip Code 80 City FL 86 Zip Code 80		Country	Zip	Co	untry	8. This corporation has	liability for intangib	le tax under s.	199.032,	
S. Pinne and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 4 City 4 City FL 5 Zip Code 6 Zip Code	24	25	29	30		Florida Statutes	Yes	☐ No		
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 phanipal office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the obligations of, Section 607 0505, Florida Statutes. 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 phanipal directors. Thereby accept the obligations of, Section 607 0505, Florida Statutes. 12. OFFICERS AND DIRECTORS IN TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 14. OFFICERS AND DIRECTORS IN TITLE 15. ADDITIONS/CHANGES TO OF	L.1.1			- A - Control - A - Control	10. Name and Address of New Registered Agent					
The provisions of Sections 607 9502 and 607 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registrated 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 registrated agent. Farth familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SGNATURE Signature to the for prediction and the depth accept the obligations of, Section 607 0505, Florida Statutes. SGNATURE PTD	1200 S. PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)					
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Flonda Statutes, the above-named corporation submits this statement for the purpose of changing its reginal for cert registed agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as regis agent. The familiar with, and accept the obligations of, Section 607 0506, Florida Statutes. SGNATURE SGNATURE TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE SCAGLIONE, ALBERT P. 228238 HARWICH FARMINGTON HILLS MI SCAGLIONE, ALBERT P. 228238 HARWICH FARMINGTON HILLS MI SCAGLIONE, AMELIA 23838 HARWICH FARMINGTON HILLS MI SCAGLIONE, AMELIA 23838 HARWICH FARMINGTON HILLS MI SCAGLIONE, AMELIA 24 CITY-ST-ZPP DELETE STITLE Change Cha					84 City			85 Zip (Code	
Signate in product in general giper and title dispricate (NOTE Projected Agent signature required when reinstating) DATE	office or re agent. La	edistered agent, or both, in the Stat	a of Florida. Such chang	a was authorize	ed by the corp	corporation submits this stateme oration's board of directors. I he	ent for the purpose	of changing it	s registered registered	
DELETE 1.1 TITLE Change NAME SCAGLIONE, ALBERT P. 1.2 NAME 1.3 STREET ADDRESS	2.GWHON	Signature, typed or pooled name of registered as	pent and tille if applicable	(NOTE Register	ed Agent signature r					
NAME SCAGLIONE, ALBERT P. 12 NAME 1.3 STREET ADDRESS	12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES	S TO OFFICERS AN			
STREET ADDRESS CHY ST ZIF FARMINGTON HILLS MI	TILL	PTD	DELE	TE 1.1	TITLE			Change	Addition	
S	NAME	SCAGLIONE, ALBERT P.		1.2	NAME					
S	CILCLI ADDDESS	28238 HARWICH		13	STREET ADDRESS					
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SCAGLIONE, AMELIA 22 NAME 23 STREET ADDRESS 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS 24 CITY-ST-ZIP			THE BELL	*****				Change	Addition	
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CHY ST 7P	NAME			2.2	NAMÉ					
DELETE DELETE 31 TITLE Change NAME STREET ADDRESS STREET ADD	STREET ADORESS	28238 HARWICH		2.3	Street address					
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NAME	v		DEL					Change	Addition	
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A3 STREET ADDRESS COY - ST-ZIP	NAME			4.2	NAME I	•				
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C Y - S1 7 P	SUBERT ADDRESS			5.3	STREET ADDRESS					
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STELL ADDRESS 6.3 STREET ADDRESS	STELL ADDRESS			6.3	STREET ADDRESS					
CHY-ST-ZIP 6.4 CHY-ST-ZIP	CITY-ST ZIP							<u></u>		
14. I do hereby certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under of lant at officer or director of the corporation or the effect or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	14. I do here	by certify that the information suppli	ied with this filing does n	ot glualify for th	exemption st	ated in Section 119.07(3)(i), Flo	rida Statutes. I furti	her certify that	the	