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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G03772

(2)

1. Corporation Name

GALLERY OF CREATIONS, INC.

Principal Place of Business

5938 S.E. OAK RD.
BELVIEW FL 34420
US

Mailing Address

PO BOX 2679
BELVIEW FL 34421-2679
US



3. Date Incorporated or Qualified
10/08/1982

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

59-2246523

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

DISTEFANO, DONNA
5035 SE 108TH PLACE
BELVIEW FL 34420

10. Name and Address of New Registered Agent

81 Name DISTEFANO, DONNA
82 Street Address (P.O. Box Number Is Not Acceptable)
14944 SE 106TH AVE
83 HOME NOW UNDER CONSTRUCTION
84 City SUMMERFIELD FL 85 Zip Code 34491

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

DONNA L. DISTEFANO PRES. Donna L. Distefano

4-22-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPVS
NAME DISTEFANO, DONNA
STREET ADDRESS 5035 SE 108TH PLACE
CITY-ST-ZIP BELVIEW FL

TITLE D
NAME HINSHAW, DON
STREET ADDRESS 14920 SE 106 AVE
CITY-ST-ZIP SUMMERFIELD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPVS
1.2 NAME DISTEFANO, DONNA
1.3 STREET ADDRESS 14944 SE 106TH AVE
1.4 CITY-ST-ZIP SUMMERFIELD - FL 34491

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
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
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE Donna L. Distefano 4-22-97 344-349-1496

CR2E034 (9/96)