

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H56707
1. Corporation Name

CORBINO GALLERIES, INC.

Principal Place of Business	Mailing Address
5350 Gulf of Mexico Dr. Longboat Key, FL 34228- 2045 US	5350 Gulf of Mexico Dr. Longboat Key, FL 34228-2045 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05-13-1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2561826	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24		29		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Corbino, Marcia
1111 N. Gulfstream Avenue
Sarasota, FL 34236-5532

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Corbino, Michael J.	1.2 NAME	
STREET ADDRESS	5350 Gulf of Mexico Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Longboat Key, FL 34228-2045 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	VTs <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Corbino, Marcia	2.2 NAME	
STREET ADDRESS	5350 Gulf of Mexico Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Longboat Key, FL 34228-2045 <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	600002623385
STREET ADDRESS		5.3 STREET ADDRESS	-08/24/98--01085--026
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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

Marcia Corbino 08/12/98

941-387-0822

CR2E034 (5/98)

**C O R B I N O
G A L L E R I E S**

782
(941) 387-0822

5350 Gulf of Mexico Drive • Longboat Key, Florida 34228

Fax (941) 387-9132

August 12, 1998

Annual Reports Filing
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir,

Thank you for sending the form for the "Profit Corporation Annual Report." It has been filled out and is enclosed.

Since 1985 we have always returned this form to you on time. However, this year we did not received the form as it was sent to an incorrect address.

We discovered this on the fax of our 1997 record that you sent us.. Our change of address is correct in every instance except the mailing address, which has our former street number.

We are sorry that this clerical error occurred and hope that we will not be penalized for this mistake.

Thank you very much.

Sincerely,



Michael Corbino
Director