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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H93779

(7)

FILED
Apr 01 1998 8:00am
Secretary of State

SANIBEL GALLERY, INC.	, ,			
O'MIDDE OF ELECTION			1 (ATTORIS ALIAN CASAN SISTE (MARK CANSO SA)	I BIBIT BIBIT BIBIT BIBIT BIBIT BIBIT TARA
Principal Place of Business	Mailing Address		T I I BARARY WILL FOLDO IIII I IBDEL PODIU IBI	r afikir akarı didir ekeri Birlir arati 1891
1628 PERIWINKLE WAY	1628 PERIWINKLE WAY			
Sanibel Fl 33957 US	SANIBEL FL 33957		DO NOT WRITE	IN THIS SPACE
05	US		3. Date Incorporated or Qualified	IN THIS SPACE
			01/14/1986	
2. Principal Place of Business	2a. Mailing Address	17-22-12-11	4. FEI Number	Applied For
21	26		59-2622099	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has pa	
24 25 9, Name and Address of Current R		30	Personal Property Tax due June 10. Name and Address of New Re	
	ogistored rigotic	81 Name	IV. Hanna and Address Of Haw No.	Sisteled Agent
LIBER, KATHERINE J				
1628 PERIWINKLE WAY SANIBEL FL 33957		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
SAMIDEL FL 33837		83		
*				
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 at	nd 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the p	urpose of changing its registered
 Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with and accept the obligato 	Florida, Such change was a ns of Section 607 0505, Flo	authorized by the corporati	ion's board of directors. I hereby accep	I the appointment as registered
SIGNATURE KOT LINE	2 President	la it		
Stonature, typed or printed name of registered agent ar	od fille if applicable (NOT)	Rogistered Agent signature require	ed when reinstating)	3-14-98 DATE
12. OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME LIBER, KATHERINE J		1.2 NAME		
STREET ADDRESS 15630 SO PEBBLE LN CITY-ST-ZIP FT MYERS FL		1.3 STREET ADDRESS		-
TITLE FI MYERS FL	DELETE	1.4 CITY-ST-ZIP		1:
NAME				
STREET ADDRESS		21 TITLE		☐ Change ☐ Addition
CITY-SI-ZIP	beccie	2.2 NAME		☐ Change ☐ Addition
TITLE		2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
		2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP		
NAME	DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 THILE		Change Addition Change Addition
NAME STREET ADDRESS		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	÷.	
STREET ADDRESS		22 NAME 23 STREET ADDRESS 2. 4 City-St-Zip 3.1 Tille 3.2 NAME 3.3 STREET ADDRESS		
		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS CITY-ST-2IP	☐ DELFTE	22 NAME 23 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	· ·	
STREET ADORESS CITY-ST-ZIP TITLE NAME	☐ DELFTE	22 NAME 23 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	÷.	Change Addition
STREET ADDRESS CITY-ST-2IP TITLE	☐ DELFTE	22 NAME 23 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	·.	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELFTE	22 NAME 23 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	:.	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	22 NAME 23 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	:.	Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	22 NAME 23 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		Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ DELETE	22 NAME 23 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		Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	☐ DELETE	22 NAME 23 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		Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	☐ DELETE	22 NAME 23 STREET ADDHESS 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		Change Addition Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	22 NAME 23 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 6.1 TITLE		Change Addition Change Addition Change Addition

4. 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 attact yient with an address

SIGNATURE:

Kottun tab

Katherine !

3-25-98 941-472-3307

CR2E034 (10/9)