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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Sportson of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J

1998

[‡] J75357

(0)

| 1. Corporation | on Name | (0) | | | |
|--|---|----------------------|------------------------------------|--|--------------------------------------|
| THE P | EANUT GALLERY, INC. | | | | |
| | | | | I 18 SING CITE ISSUE BUILD AND COURT AND COURT | IN SÁTAN SNANN ANSKA BIBKA HABI |
| | | | | | <u> </u> |
| Principal Plac | ce of Business | Mailing Address | | | II BIBII BIBII BIBII BIBII IIBI |
| 827 5TH AVE | £ λ ίδ | 1000 N TAMIAMI TRAIL | | | |
| 791 TENTH | Street south ste.b | 201 | | | |
| NAPLES FL S | 33940 | NAPLES FL 33940 | | DO NOT WRITE IN THIS | SPACE |
| US | • | U\$ | | 3. Date Incorporated or Qualified | |
| 2 Principal F | lace of Business | 2a. Mailing Address | | 06/01/1987 4. FEI Number | |
| 21 lev | y L. Brzeski | 26 | | | Applied For Not Applicable |
| | [#.etc. | Suite, Apt. #, etc. | | 59-2809000 | \$8.75 Additional |
| 22 514 | -7 Seahorse A | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Stat | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| | iples. Torida | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Ziρ | Country | 8. This corporation owes or has paid the cu | |
| 24341 | | | 30 | | Yes No |
| | 9, Name and Address of Current | negistered Agent | 81 Name | 10. Name and Address of New Registered | Agent |
| | ESKY, JAMES H. | | I Name | | |
| 1 | 00 TAMIAMI TRAIL N. SUITE 201 | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| | NTE 203 NPLES FL 34102 | | 83 | | |
| 15/7 | TES 16 34102 | | | | |
| | | | 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. Lam tamply with the compations of, Soction 607.0505, Florida Statutes. | | | | | |
| SIGNATURE | Jeny # 154 | yesti | | 3 0 | 23098 |
| 46 | Signature typed a funited harve of ting steed agent | | Registered Agent signature require | | |
| 12. | OFFICERS AND | DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 12 Change X Addition |
| NAME | BRZESKI, TERYL H. | C) beerie | 1.2 NAME V1 6 | Beyrert, Gabriel | C Criange LA Addition |
| STREET ADDRESS | 827 5TH AVE, N. | | 1.3 STREET ADDRESS 6 | 607 Chestnut Circle | |
| CITY-ST-ZIP | NAPLES FL | | 1.4 CITY-ST-ZIP | Maples, FL 34109 | |
| TITLE | TWO DECOTES | DELETE | 0.4 7171 6 1 1 1 1 | Sevrent, Nova sharpe | Change X Addition |
| NAME | | | A 2 15 | seyvent Nova Starpe 147 Seahorse Avenue | |
| STREET ADDRESS | | | | aples, Florida 34103 | |
| CITY-ST-ZIP | <u> </u> | | 2 4 CITY-ST-ZIP | aples, racina sires | |
| TITLE | | DELETE | 3.1 TITLE -12 12 | rzeski Teryl H | Change |
| NAME | | | 32 NAME | 5147 Seuhorse Avenu Japles, Florida 34103 | ė |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | 1 165 Florida 31103 | |
| CITY-ST-ZIP | | | | Japies, 1 101 100 24103 | |
| TITLE | | ☐ DELETE | 4 1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | Driere | 4.4 CITY - ST - ZIP | | 7706 |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME CIRECT ADDRESS | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CITY - ST - ZIP 6.1 TITLE | | Change Addition |
| NAME | | LJ OLLLIE | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-7IP | | | 6.5 STREET ADDRESS | | |

14. Thereby 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.

FILED

May 21 1998 8:00am

Secretary of State