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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 03, 1999 8:00 am Secretary of State

05-03-1999 90118 012 ***150.00

1. Corporation	MENT # K07274 ORD GALLERY, INC.				
Principal Place	of Business	Mailing Address		- C SAMBADING DEN DOBLÍN HABIRA LIDET I UMBEN DIRÐÍ DIRÐIN DIR	Ni Bille Oldii Lias asan iddi
621 NW 53RD S		5725 CORPORATE WAY			
SUITE 300	•	STE 101		DO NOT INDITE IN THIS	ODACE
BOCA RATON F	FL 33487	WEST PALM BEACH FL 33407	7	DO NOT WRITE IN THIS S	SPACE
US		US		3. Date Incorporated or Qualifed	
		2a. Wailing Adoress	-/ · × - ` × * * * *	12/15/1987	Applied For
	lace of Business	26 McGrathr&cMeyers		65-0024138	Not Applicable
21 ZZ4 U Suite, Apt. :	atura Street	Suite, Apt, #, etc.	γ.ο ο, η, γι τι		\$8.75 Additional
Suite		27 5725 Gorporate	a Way. Ste 1	0.1 5. Certifcate of Status Desired	Fee Required
City & State		City & State	L Huy, Stc 1	e Flortion Compaign Financing	\$5.00 May Be
		West Palm Bea	ach, Fl	Trust Fund Contribution	Added to Fees
23 West Palm Beach, Fl Zip Country		Zip	Country	8. This corporation owes the current year Inta	ingible
33401	25 Palm Beach	29 33407 30	Palm Beach	Personal Property Tax.	☐ Yes 🗖 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	\gent
			81 Name		}
	RATH & MEYERS, PA		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	CORPORATE WAY				
	E 101		83		
WES	T PALM BEACH FL 33407		84 City		85 Zip Code
	•			poration submits this statement for the purpose of c	
agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent in	ons of, Section 607.0505, Florid	egistered Agent signature requir		
12.	. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PTS	☐ DELETE	1.1 TITLE		☐ Chartge ☐ Addition
NAME]	HALMOS, VICKI		1.2 NAME		ì
STREET ADDRESS	315 CLARKE AVE		1.3 STREET ADDRESS		Į.
CITY-ST-ZIP	PALM BEACH FL			•	
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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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #